



## FAST ACCESS COLONOSCOPY

Atlanta Gastroenterology Specialists PC

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### MEDICAL QUESTIONNAIRE FOR SCREENING COLONOSCOPY

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: M / F      Weight \_\_\_\_\_ If over 350 lbs please contact office

When would you prefer to schedule procedure \_\_\_\_\_?

Which office?      Alpharetta      St Josephs (Sandy Springs)

Occupation: \_\_\_\_\_

Referring physician \_\_\_\_\_

The reasons for the colonoscopy are (check all that apply):

Screening (age over 45) \_\_\_\_\_ The American Cancer Society has revised the age for screening to 45

Family history of colon cancer \_\_\_\_\_ If so who in your family and what age \_\_\_\_\_

Personal history of colorectal cancer \_\_\_\_\_

Hidden blood found in stool \_\_\_\_\_

Cologuard tests: Positive      Negative

Blood test abnormality \_\_\_\_\_

History of Ulcerative colitis or Crohns Disease \_\_\_\_\_

Symptoms: Rectal bleeding \_\_\_\_\_  
Change in bowel habits \_\_\_\_\_  
Constipation \_\_\_\_\_  
Diarrhea \_\_\_\_\_

Have you ever had a colonoscopy before Yes No

When? \_\_\_\_\_

Who performed the procedure? \_\_\_\_\_

Findings \_\_\_\_\_

If polyps were found were they precancerous? \_\_\_\_\_

Any Complications of the procedure? \_\_\_\_\_

Do you suffer from heartburn, GERD or trouble swallowing? \_\_\_\_\_

Have you ever had an upper endoscopy? \_\_\_\_\_ If so when? \_\_\_\_\_

List Medications you are currently taking:

Do you have any of the following? (Please circle )

Hypertension      Coronary Artery Ds      Valvular Heart Ds      COPD  
Hepatitis      AIDS or HIV      Diverticulitis      Thyroid ds      Asthma Chronic Renal Failure  
Transplant S t r o k e      TIA      Seizures      MS      Venous thrombosis Embolism

MUST ANSWER: Are you taking Blood thinners (Ex:Coumadin, Plavix, Aggrenox, Pradaxa, Eliquis, ASA, etc.)

Please circle one or circle NO

Anti-inflammatory medication (Advil, Nupren, ibuprophen etc.)

Yes, \_\_\_\_\_ which ones \_\_\_\_\_ No

Medication Allergies Please list

\_\_\_\_\_  
If you have had a colonoscopy previously, did you have any problem with the bowelprep?

Do you recall the prep? \_\_\_\_\_

With the sedation? \_\_\_\_\_

\_\_\_\_\_

Any problems afterwards?

Do you have difficulty breathing (asthma, COPD, emphysema)? Do you use \_\_\_\_\_  
supplemental oxygen? \_\_\_\_\_

Have you ever had a problem with sedation or anesthesia?

\_\_\_\_\_

MUST ANSWER Are there any problems with your kidney function (renal failure)? Yes No

Have you had problems with low or high potassium or calcium in your blood? Yes No

Do you have an implantable defibrillator? \_\_\_\_\_

Do you have a pacemaker? \_\_\_\_\_

Have you been troubled by chest pain, chest pressure or smothering in the past year? Yes or no

\_\_\_\_\_

Have you ever had a heart attack? \_\_\_\_\_ If so when \_\_\_\_\_

Have you had cardiac stents inserted \_\_\_\_\_ If so when \_\_\_\_\_

\_\_\_\_\_

Do you have atrial fibrillation? \_\_\_\_\_ Do you have any other abnormal heart rhythm?

Are you aware of any problem with the valves of your heart or have you had heart valve surgery? Do you need antibiotics for procedures? \_\_\_\_\_

Do you smoke cigarettes? Present past How many per day? \_\_\_\_\_

For how many years? \_\_\_\_\_

How many alcoholic beverages do you consume in a week \_\_\_\_\_

Have parents or siblings had colon polyps or colon cancer? \_\_\_\_\_

Who? \_\_\_\_\_

Please list all previous surgeries (include approximate dates)

\_\_\_\_\_

Other than for surgeries, have you ever stayed overnight in a hospital? \_\_\_\_\_ If so,  
please give the medical conditions that were treated and approximate dates: \_\_\_\_\_

\_\_\_\_\_

Have you ever been diagnosed with cancer? \_\_\_\_\_ If yes, please provide primary organ  
involved and date first diagnosed as well as treatment and current status

\_\_\_\_\_

\_\_\_\_\_

Other than for surgeries, have you ever stayed overnight in a hospital? \_\_\_\_\_ If so, please give the medical conditions that were treated and approximate dates: \_\_\_\_\_

Have you ever been diagnosed with cancer? \_\_\_\_\_ If yes, please provide primary organ involved and date first diagnosed as well as treatment and current status

My typical bowel pattern is:

(a) 1-2 per day \_\_\_\_\_

(b) 2-3 per week \_\_\_\_\_

(c) 1 per week \_\_\_\_\_

(d) 1 every 2 weeks \_\_\_\_\_

(e) 3 or more per day (give number) \_\_\_\_\_

Is there anything else we should know in advance about your personal or past medical history? If so please be very specific

Please Fax the completed forms to 678-957-0047.

Or email to [fastaccess@atlgastrospec.com](mailto:fastaccess@atlgastrospec.com)

You will receive a call back within 48 hour to schedule after Dr. Salzberg reviews the questionnaire If you do not hear from us please call the office

Please Note:

Screening colonoscopy are typically paid in full by the insurance company if you meet their criteria. However, this is not guaranteed. If there are any preexisting conditions, insurance will consider your colonoscopy as Diagnostic. We will precertify your procedure and inform you of any patient financial responsibility. If a polyp or other abnormality is found, we will code it differently so that the insurance company understands that the intent was a screening. Please be aware that this may result in additional charges, as determined by your insurance. If you have questions, please call our office.

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