

HEALTH ASSESSMENT

Patient ID

Proposed Procedure:

Gastroscopy

Colonoscopy

PLEASE LIST ALL CURRENT MEDICATIONS:

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Do you have any of the following?:

HEART DISEASE

- Myocardial Infarct
- Valve replacement
- Pacemaker
- Heart Murmur
- Rheumatic Heart Disease
- Hypertension
- Hypotension
- Irregular Heartbeat or Palpitations

CHEST PROBLEMS

- Asthma
 - Bronchitis
 - Emphysema
- Are you a Smoker Non-Smoker

INFECTIOUS DISEASES

- Hepatitis B
- Aids
- Other: please state.....

KIDNEY PROBLEMS

- Chronic renal failure

DIABETES

- Insulin Control
- Tablet Control
- Diet

LIVER DISEASE

- EPILEPSY**

BOWEL DISEASE

- Crohn's Disease
- Ulcerative Colitis

BLEEDING DISORDER

- STROKE / CVA**
- SLEEP DISORDERS**
- ARTHRITIS**

Please list all previous operations:.....

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Have you experienced any difficulties with previous Anaesthetics? YES NO

If YES, describe.....

Are you allergic to any drugs, tapes, lotions, latex or rubber? YES NO

If YES please specify:.....

Have you had any reaction to **Seafood or Contrast Dyes**? YES NO

Is there any possibility of Pregnancy? YES NO

Are you a Jehovah's Witness? YES NO

Patient's Signature.....Date.....