NEW YORK GI CENTER, LLC

1200 Waters Place
Suite M117
Bronx, NY 10461
718-863-0575

Name:		DOB	
Last Colonoscopy:		Last EGD	
Height		Weight	

Please circle best number to be reached

Home Number		Last Menstrual Period	
Cell Number		Tobacco ☐ Yes ☐ No How much:	
Work Number		Alcohol ☐ Yes ☐ No What/How much:	
Procedure Date		Drug use ☐ Yes ☐ No What kind:	
Designated ride home		H/O Sleep Apnea ☐ Yes ☐ No	
Allergies to medication or food: (e.g. egg)			
Previous Operations. Hospitalizations			
Current Medications	Herbal, Vitamins, Supplement ☐ Yes ☐ No		

Heart Problems	☐ Yes ☐ No	
Blood Pressure Problems	☐ Yes ☐ No	
Thyroid Problems	☐ Yes ☐ No	
Problems with your Vision	☐ Yes ☐ No	
Glaucoma	☐ Yes ☐ No	
Ears/Nose/Throat Problems	☐ Yes ☐ No	
Fainting/Dizziness/Convulsions	☐ Yes ☐ No	
Stomach or Bowel Problems	☐ Yes ☐ No	
Recent Illness or Infections	☐ Yes ☐ No	
Diabetes/Hypoglycemia	☐ Yes ☐ No	
Lung Disease/Breathing Problems/Asthma	☐ Yes ☐ No	
Liver Disease/Hepatitis	☐ Yes ☐ No	
Urinary Tract/Kidney Problems	☐ Yes ☐ No	
Bleeding/Clotting Problems/Anemia	☐ Yes ☐ No	
Musculoskeletal Problems/Arthritis	☐ Yes ☐ No	
Anxiety/Depression	☐ Yes ☐ No	
Previous Anesthesia Problems	☐ Yes ☐ No	
Family History of Anesthesia Problems	☐ Yes ☐ No	
Dental Problems – Loose teeth /Dentures	☐ Yes ☐ No	
Neurologic Problem: TIA / Stroke	☐ Yes ☐ No	
Neurologic Problem: Peripheral Neuropathy	☐ Yes ☐ No	
Any Other Medical Conditions	☐ Yes ☐ No	