

Medical Center Endoscopy Group

1. Are you experiencing any symptoms not on Medical History list? ___ Yes ___ No

2. and if yes, what are they?

3. What past surgical procedures have you had?

4. Social History

Do you presently smoke? _____ Packs a day _____ # of years _____

If you don't smoke now, have you ever smoked? _____

How much and how long did you smoke? _____

Do you drink alcohol? _____ If so, how much _____

Do you have a history of illegal drug use? _____

5. Allergies

Are you allergic to any medication, dye, or food? Please list and your reactions.

6. Family History

Have any of your blood relatives (father, mother, siblings, aunts, uncles) had the following:

_____ Heart Problems _____ Strokes _____ Stomach/Colon problems

_____ High Blood Pressure _____ Diabetes

_____ Cancer If Cancer, what kind? _____

7. Advanced Directives

_____ I have been informed and offered written information regarding the right to accept or refuse medical or surgical treatment and about Advance Directives.

_____ I have been offered information under Tennessee State Law to formulate Advance Directives.

Medical Center Endoscopy Group will not discriminate or deny care if I do not have Advance Directives.

_____ I also have been informed that Medical Center Endoscopy Group has the RIGHT TO DECLINE TO COMPLY WITH THE ADVANCE DIRECTIVES AS A MATTER OF CONSCIENTIOUS OBJECTION. (According to Federal Public Law 101-508, Nov. 1990, State of Tennessee Right to Death Act, Chapter 11, section 32).

I have advance Directives

A. Living Will _____ B. Durable Power of Attorney for Healthcare _____

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I do not have Advance Directives _____

I do not want information about Advance Directives _____

Patient

Signature: _____ Date: _____

FOR STAFF USE

Emergency Contact:

Name: _____

Relationship: _____

Phone #: _____