



*The private practice of Mukul Khandelwal, MD & Mahmood Solaiman, MD, FACG*

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[www.MDgastro.net](http://www.MDgastro.net)

Thank you for scheduling the upper endoscopy and/or colonoscopy with our office.

In order to facilitate your care, we ask that you follow the directions below.

Once we have received the information and you have had an opportunity to review the enclosed packet, our office will call you to discuss the procedure further. Please call your insurance to verify your benefits. We need all of your insurance information prior to the procedure.

1. Please complete the following questionnaire.
2. Please review the patient detail sheet and notify us of any corrections.
3. Please return this questionnaire, the signed patient detail form and a copy of the front and back of your insurance cards and your referral in the envelope provided at least 5 days before your procedure.
4. The following information is very important to your health. Please take time to fully and completely fill out this important information. We are counting on you.

### Medical History

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

Referring Doctor: \_\_\_\_\_

Procedure: Upper Endoscopy      Colonoscopy

Reason for procedure: \_\_\_\_\_

1. Do you have any other medical problems i.e. Diabetes, high blood pressure, heart disease, etc

\_\_\_\_\_

2. Please list prior surgeries:

\_\_\_\_\_

3. Please list your medications:

\_\_\_\_\_

4. Please list your medication allergies:

\_\_\_\_\_

5. Do you smoke?                      Do you drink alcohol?      Married?

6. Height \_\_\_\_\_ Weight \_\_\_\_\_

7. Do you have children?      If yes, how many? \_\_\_\_\_

8. Are you employed?      If yes, where? \_\_\_\_\_

9. Do you have a family history of colon cancer or polyps?      If yes, please

detail: \_\_\_\_\_

\_\_\_\_\_

Patient's Signature

\_\_\_\_\_

The above is true and correct to the best of my belief