



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

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Name: _____ Date of Birth: _____

What procedure are you here for? _____

Reason for having this procedure? _____

Name & Phone number of person taking you home: _____

Do you have Advance Directives, i.e., Living Will, etc., in place now?

If you have an Advance Directive, please provide CME with a copy for your chart.

Height _____ Weight _____ Tobacco? _____ How much? _____

Alcohol? _____ How much? _____ Narcotics? _____ How much? _____

Have you had any problems w/intravenous sedation? _____ Describe _____

Females only- Are you pregnant? _____

We will call or email you 24-72 hrs after your procedure. Best # to call _____ OK to leave a message? _____

Please answer Yes or No to the following disorders and give any explanation necessary .

Disorder	Yes	No	Medications –include OTC and herbal medications	Dose	How often?
High blood pressure					
Heart problems (heart attack, CHF)					
Heart surgery					
Pacemaker/defibrillator					
Lung problems (asthma,COPD)					
Diabetes					
Stomach problems (ulcer, GERD)					
Liver disease (hepatitis/jaundice)					
Kidney/bladder problems					
Family history colon cancer			List surgeries/Explain any items if needed		
Personal history colon cancer					
Previous colonoscopy/polyps					
Joint replacements					
Seizures/stroke/mini stroke					
HIV or AIDS					
Bleeding problems			ALLERGIES		
Back/neck problems			Reaction		
Surgery (as an adult)			This information is true and correct to the best of my belief.		
Blood thinners/aspirin use			Patient signature:		
Sleep apnea CPAP			RN signature		