

**East Brunswick Endoscopy Center**  
**OPEN ACCESS ENDOSCOPY**  
**HISTORY & PHYSICAL**

Patient Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone# \_\_\_\_\_

Referring Physician: \_\_\_\_\_

**HISTORY:**

History of sleep apnea? Yes \_\_\_ No \_\_\_

Past Medical/Surgical History: \_\_\_\_\_

Allergies:

- No known allergies
- Egg/ soy allergy
- Other (please explain) \_\_\_\_\_

Current Medications (including Vitamins/Herbals): \_\_\_\_\_

**PHYSICAL EXAM:**

WGT: \_\_\_\_\_ HGT: \_\_\_\_\_ B/P: \_\_\_\_\_ P: \_\_\_\_\_ BMI: \_\_\_\_\_

HEENT \_\_\_ Normal \_\_\_ Abnormal Findings: \_\_\_\_\_

LUNGS \_\_\_ Normal \_\_\_ Abnormal Findings: \_\_\_\_\_

HEART \_\_\_ Normal \_\_\_ Abnormal Findings: \_\_\_\_\_

ABDOMEN \_\_\_ Normal \_\_\_ Abnormal Findings: \_\_\_\_\_

EXT \_\_\_ Normal \_\_\_ Abnormal Findings: \_\_\_\_\_

NEURO \_\_\_ Normal \_\_\_ Abnormal Findings: \_\_\_\_\_

OTHER \_\_\_ Normal \_\_\_ Abnormal Findings: \_\_\_\_\_

LAB/XRAY: \_\_\_ Normal \_\_\_ Abnormal Findings: \_\_\_\_\_

**IMPRESSION:** \_\_\_\_\_

**PLAN:** Colonoscopy      **PRE-OP DIAGNOSIS:** Colorectal Cancer Screening (V76.51)

IM PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

\_\_\_ History and Physical Exam has been reviewed.  
MD has examined the patient and patient's condition has not changed

\_\_\_ History and Physical Exam has been reviewed  
MD has examined the patient and patient's condition has changed.  
These are the following changes: \_\_\_\_\_

Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

GI PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

DATE OF SERVICE: \_\_\_\_\_