

**MEDICAL UPDATE FOR PATIENTS HAVING A FOLLOW-UP UPPER ENDOSCOPY**

Prior to scheduling your follow-up upper endoscopy, it is important for me to be aware of any changes or events affecting the status of your health which may need to be considered as we plan your upcoming endoscopy. Please be as specific as you can when answering the questions below.

1. What medications are you now taking? Please include doses. Include non-prescription medications, such as aspirin, ibuprofen, Motrin, Advil, Alleve, Naproxyn, vitamin E, laxatives and suppositories. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Circle any of the following blood-thinning medications that you may be taking: Coumadin, Plavix, Aggrenox. Who is the prescribing physician? \_\_\_\_\_  
For what condition are you taking this? \_\_\_\_\_
3. Please list all surgeries you have had in your lifetime (include dates): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Have you been hospitalized for any condition since your last upper endoscopy? Please name condition and approximate dates \_\_\_\_\_
5. List any allergies to medications: \_\_\_\_\_
6. Have you difficulty breathing (asthma, COPD, emphysema)? \_\_\_\_\_  
Do you use supplemental oxygen? \_\_\_\_\_
7. Have you had a heart attack since last upper endoscopy? \_\_\_\_\_ If so, when \_\_\_\_\_ Have you been troubled by chest pain, chest pressure or smothering in the past year? \_\_\_\_\_ Do you have atrial fibrillation? Do you have any other abnormal heart rhythm? \_\_\_\_\_ Are you aware of any problem with the valves of your heart? \_\_\_\_\_
8. Do you have an implantable defibrillator? \_\_\_\_\_ Do you have a pacemaker? \_\_\_\_\_
9. Have you ever had a stroke or T.I.A. (mini-stroke)? \_\_\_\_\_ When? \_\_\_\_\_
10. Are you aware of any problems with your kidney function (renal failure)? \_\_\_\_\_
11. Circle any of the following you may have had recently: rectal bleeding, diverticulitis, severe or persistent diarrhea, severe or persistent abdominal pain, recent vomiting, frequent heartburn.
12. Has anxiety been a major problem recently? \_\_\_\_\_
13. Is there any other medical issue you think I may need to know about in planning your upper endoscopy? \_\_\_\_\_
14. Who is your present primary care physician? \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

Thank you for your help in making your endoscopy as safe and best suited to your needs as possible.

Jay A. Cherner, M.D.