Canadian Place
ENDOSCOPY
LEADERS IN DIGESTIVE HEALTH SCREENING

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PATIENT QUESTIONNAIRE

NAME:____ SEX: M F (circle)

Date of Birth:________________________ AGE:_________ HEIGHT:____________ WEIGHT:______________

Best Contact #:_____________________________________ Address: _______________________________________

OHIP#:________________________Version Code:_________ ____

OCCUPATION: ______________________________________ Marital Status: __________________________________

TELL US ABOUT YOUR HEALTH (Please Check)

Do you have a history of any of these conditions listed below:

CONDITION	***NO***	***YES (please explain)***
Communicable Diseases (Hepatitis/HIV/AIDS)		
Heart Disease (Heart attack, angina, bypass, heart failure, irregular heart beat)		
Heart Tests (stress tests, holter, echo, angiogram)		
Diabetes Insulin or Pills		
High Blood Pressure		
High Cholesterol		
Sleep Apnea/ on CPAP		
Shortness of Breath or COPD		
Asthma		
Bleeding Disorder or using blood thinners		
Previous/Current Cancer		
Epilepsy		
Depression/Anxiety		
Arthritis		
Malignant Hyperthermia		
Pregnant		
Smoker (if yes, how much a day)		
Drink Alcohol (if yes,how much a day)		
ALLERGIES (LIST IF ANY)		
MEDICATIONS (LIST IF ON ANY)		
SURGERY (LIST IF YOU HAD ANY)		

TELL US ABOUT YOUR HEALTH, continued: (Please Check)

Do you have any of the symptoms listed below? (Please check)		
UPPER GI SYMPTOMS	***LOWER GI SYMPTOMS***	***OTHER (please explain)***
❑ heart burn/acid reflux ❑ abdominal pain/burning ❑ indigestion / food sticks ❑ nausea ❑ vomiting ❑ trouble swallowing ❑ vomiting of blood ❑ loss of appetite ❑ unexplained weight loss ❑ anemia ❑ family history of ulcers ❑ family history of stomach cancer ❑ Polyps removed before OTHER:	❑ Positive FOBT ❑ family history of colon cancer ❑ blood in stool ❑ rectal bleeding ❑ blood on toilet paper ❑ diarrhea ❑ change in stool/narrow stool ❑ abdominal pain ❑ constipation ❑ bloating ❑ loss of appetite ❑ unexplained weight loss ❑ anemia ❑ Polyps removed before OTHER:	

Your Family Doctor is:____ TEL:________________________________

Who is accompanying you today (name):________________________ TEL:________________________________

Thank You! Kindly bring this questionnaire to your appointment.