

Endoscopy Center of North Baltimore LLC (ECNB)

1220 East Joppa Road, Building C, Suite 508, Towson, MD 21286

(P) 410-296-4415 (F) 410-296-4417

PLEASE FILL OUT COMPLETELY PRIOR TO YOUR PROCEDURE

PATIENT NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CELL PHONE _____ DOB _____

AGE _____ SEX _____

MARITAL STATUS _____

EMPLOYMENT STATUS FT PT OCCUPATION _____

EMPLOYER _____ EMPLOYER PHONE _____

EMPLOYER ADDRESS _____

CHIEF COMPLAINT _____ PROCEDURE DATE _____

GI DOCTOR _____ PRIMARY DOCTOR _____

NAME OF PERSON TAKING YOU HOME _____

CONTACT NUMBER _____

INSURANCE INFORMATION – PRIMARY

TYPE OF INSURANCE _____

POLICY HOLDER _____

RELATIONSHIP TO PATIENT _____

POLICY ID # _____ GROUP # _____

POLICY HOLDER SS # _____ POLICY HOLDER DOB _____

SEONDARY INSURANCE-TYPE _____

POLICY HOLDER _____

RELATIONSHIP TO PATIENT _____

POLICY ID # _____ GROUP # _____

POLICY HOLDER SS # _____ POLICY HOLDER DOB _____

Please answer YES or NO to the following disorders and give any explanation necessary

Disorder	Yes	No	Disorder	Yes	No
High Blood Pressure			Infectious Diseases/ Other		
Heart Attack/Angina			Breast Cancer		
Congestive Heart Failure			Diabetes		
Heart Murmur/ Mitral Valve Prolapse			Glaucoma		
Valve Replacement/Endocarditis			Back/ Neck Problems		
Cardiac Surgery/ Stents			Any Joint Replacements		
Irregular Heartbeat			Arthritis		
Kidney Disease/ Renal Failure			Epilepsy		
Bladder Problems			Bleeding Disorders/ Anemia		
Thyroid Problems			Stomach Ulcer		
Internal Defibrillator/Pacemaker			Reflux/Esophagitis		
Stroke			Esophageal Stricture		
Lung Disease/ Tuberculosis/ Other			Barretts Esophagus		
Sleep Apnea/ CPAP/ Home Oxygen			Hiatal Hernia		
Asthma/ Emphysema/ COPD			Family History of Colon Cancer		
Liver Disease/ Hepatitis/ Other			Bowel Surgery/ Colon Cancer		
Polyps/ Colon Polyps			Ostomy		
Hemorrhoids			Diverticulosis/Diverticulitis		
Crohn's Disease/ Ulcerative Colitis			Diarrhea/C-Diff		
Irritable Bowel/ Spastic Colon			Other		

Any Past Major Surgeries:

Any Medication Allergies:

Are you Allergic to Latex or Contrast (IVP Dye): _____

(Female Only) Are you Pregnant? _____

Any Past Issues with Anesthesia?

On a scale of 1-10 (with 0 being no pain and 10 being very severe) how would you define your level of pain? _____

Do you have any Advance Directives currently in place? Yes No

