**MEDICAL HISTORY:** Please check (✓) if any conditions below have been a problem and circle the condition.

- Bronchitis
- Pneumonia
- Flu
- COPD
- TB
- Asthma
- Recent URI
- SOB
- Insomnia
- Sleep Apnea
- AIDS/HIV
- Autoimmune Disease
- Chest Pain
- MI
- Murmur or Valve disease
- CAD
- CABG
- Cancer

- CHF
- Irregular Heartbeat
- Pacemaker
- ICD
- Cholesterol

- HTN
- Stroke
- TIA
- Anemia

- Hiatal Hernia
- GERD
- Ulcer
- Barrett’s
- Esophagus
- Varices

- IBS
- Crohn’s
- Colitis
- hx polyps
- Colostomy
- Colon Cancer

- Thyroid
- Diabetes
- I,I
- Other

- Liver Disease
- Pancreatitis
- Gallbladder
- Hepatitis

- Kidney Disease
- Dialysis
- Urinary Infection

- Arthritis
- Gout
- Osteoporosis
- Joint Disease

- Seizures
- Anxiety
- Depression
- Dementia/Alzheimer’s

- Cancer

- Insomnia
- Sleep Apnea

- Pregnancy: If No, ___________ LMP

- Alcohol use: (type and how often)

- Recreational Drug use: (type and how often, last used)

- Tobacco use: (type and amount)

**SURGICAL HISTORY:** None

<table>
<thead>
<tr>
<th>Year</th>
<th>Surgery</th>
<th>Year</th>
<th>Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Check all that apply

- Full Dentures
- Partial Dentures
- Loose Teeth
- Missing Teeth
- Eyeglasses
- Crutches
- Wheelchair
- Top
- Bottom
- Hearing Aid
- Contact Lenses
- Walker
- Cane
- Body Piercing
- All body piercing must be removed
- Prosthesis

When was the last time you had liquids to drink? ___________

When was the last time you had solid food? ___________

If the test you are having requires taking a bowel prep, please note medications taken.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ducolax Tablets</td>
<td></td>
</tr>
<tr>
<td>Miralax</td>
<td></td>
</tr>
<tr>
<td>Nulytely</td>
<td></td>
</tr>
<tr>
<td>Half Lytely</td>
<td></td>
</tr>
<tr>
<td>Trilyte</td>
<td></td>
</tr>
</tbody>
</table>

Did you finish all of the prep? Yes No

**DISCHARGE PLANNING SCREEN**

Do you live: Alone Family/Significant other

Do you have help after discharge? Yes No

Reviewed by RN: ____________________ signature

(Rev. 7/09)