



**HEALTH HISTORY FORM**

When you come to Concord Endoscopy Center for a procedure, the admission nurse will ask you several questions about your health and your medications.

The admission process takes about 30 minutes. You may print this form, fill it out and bring it with you on the day of your procedure. Be sure to print your name and date of birth in the space provided.

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**PLEASE LIST ALL MEDICATION ALLERGIES, SENSITIVITIES AND REACTIONS:**

WHAT YOU ARE ALLERGIC TO OR SENSITIVE TO:	REACTION:

**PLEASE LIST ALL OF YOUR MEDICATIONS AND WHEN YOU TAKE THEM:**

NAME OF MEDICINE:	DOSE:	TIME THAT YOU TAKE YOUR MEDICINE:



**PLEASE LIST ALL PAST SURGERIES AND DATE/YEAR OF SURGERY:**

TYPE OF SURGERY:	YEAR:

**PLEASE TELL US ABOUT ANY GI SYMPTOMS YOU ARE HAVING:**

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