



Appendix 11 – Health Questionnaire Assessment Form

Hospital Number
Name
Date of Birth

ENDOSCOPY ASSESSMENT FORM

Please complete this form (both sides of the page) and bring it with you when you attend for your appointment.

	Next of kin details	Escort details
Name		
Relationship		
Address		
Tel no. (home)		
Tel no. (work)		
Mobile no.		
Method of transport home		
Will there be a responsible adult with you for 24 hours when you return home? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Do you have any of the following conditions?	Yes	No	Additional information
Have you ever been notified that you are at risk of CJD / vCJD for Public Health Reasons?			
High blood pressure			
Asthma, chronic chest trouble or Sleep Apnoea			
Heart disease, angina or previous heart surgery			
Pacemaker or internal defibrillator?			
Chronic liver disease			
Chronic kidney disease			
Blood disorders (eg anaemia / clotting disorders)			
Take blood thinning medications eg Warfarin, Clopidogrel (<i>Plavix</i>), Ticagrelor (<i>Bralique</i>), Dabigatran (<i>Pradaxa</i>) Rivoraxaban (<i>Xarelto</i>), Apixaban (<i>Eliquis</i>)			
Arthritis			
Metalwork in your body (eg joint replacements) (if yes, please give details)			

Do you have any of the following conditions?	Yes	No	Additional information
Epilepsy			
Glaucoma			
Diabetes (If yes, how is this treated)			<input type="checkbox"/> diet only <input type="checkbox"/> tablets <input type="checkbox"/> insulin
Any known infections (eg Hepatitis, HIV, MRSA)			
Disabilities or additional needs			
Any drug allergies (if yes, please give details)			

Please list any other medical conditions you have	Please list any other operations you have had
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Please list all medications and drugs you are taking at present	
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For patients undergoing Flexible Sigmoidoscopy / Colonoscopy who may need to use Entonox (gas and air) during the procedure

Do you have or have you had any of the following?	Yes	No
Pneumothorax / Pulmonary embolism (punctured lung / blood clot)		
Severe emphysema / COPD		
Severe abdominal distension or bowel obstruction		
Myringotomy (ear drum surgery) within the last month		
Eye surgery (with gas bubble insertions) in the last 6 months		
Head injury with impaired consciousness / significant facial injuries		
Untreated vitamin B12 deficiency or a low white blood cell count (leucopaenia)		
Scuba diving / deep sea diving / decompression sickness within the last 48 hours		
Air encephalography / air embolism		

If the answer to any of the questions above is yes, then Entonox may not be suitable for you.

Patient's signature
Nurse's signature
Date