

**PRINCETON ENDOSCOPY CENTER  
OPEN ACCESS ENDOSCOPY  
HISTORY & PHYSICAL**

Patient Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone# \_\_\_\_\_

Referring Physician: \_\_\_\_\_

**HISTORY:**

History of sleep apnea? Yes \_\_\_ No \_\_\_

Past Medical/Surgical History: \_\_\_\_\_  
\_\_\_\_\_

Allergies:

- No known allergies
- Egg/ soy allergy
- Other (please explain) \_\_\_\_\_

Current Medications (including Vitamins/Herbals): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHYSICAL EXAM:**

WGT: \_\_\_\_\_ HGT: \_\_\_\_\_ B/P: \_\_\_\_\_ P: \_\_\_\_\_ BMI: \_\_\_\_\_

HEENT      \_\_Normal      \_\_Abnormal      Findings: \_\_\_\_\_

LUNGS      \_\_Normal      \_\_Abnormal      Findings: \_\_\_\_\_

HEART      \_\_Normal      \_\_Abnormal      Findings: \_\_\_\_\_

ABDOMEN      \_\_Normal      \_\_Abnormal      Findings: \_\_\_\_\_

EXT      \_\_Normal      \_\_Abnormal      Findings: \_\_\_\_\_

NEURO      \_\_Normal      \_\_Abnormal      Findings: \_\_\_\_\_

OTHER      \_\_Normal      \_\_Abnormal      Findings: \_\_\_\_\_

LAB/XRAY:      \_\_Normal      \_\_Abnormal      Findings: \_\_\_\_\_

**IMPRESSION:** \_\_\_\_\_  
\_\_\_\_\_

**PLAN:** Colonoscopy      **PRE-OP DIAGNOSIS:** Colorectal Cancer Screening (V76.51)

IM PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

\_\_History and Physical Exam has been reviewed.  
MD has examined the patient and patient's condition has not changed

Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

\_\_History and Physical Exam has been reviewed  
MD has examined the patient and patient's condition has changed.  
These are the following changes: \_\_\_\_\_

Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

GI PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

DATE OF SERVICE: \_\_\_\_\_