OneHealth

GI Endoscopy Request Form

Patient Identification

First name: *Olayemi*	Last name: *Gbenga*
Phone number:	Email:
	Age: *55years*
MRN:	Sex: *M*
Date of request: *13/12/24*	Type of Endoscopy procedure: *Colonoscopy*
Requesting doctor: *Dr Oluwafemi Amungi*	

Reason for request

For Screening

Past medical history

Nil

	Yes	No
Is the patient diabetic?	☐	☑
If yes, is the patient on Insulin?	☐	☑
Is the patient on oral hypoglycemic agents?	☐	☑

Infection risk

☐ Hepatitis   ☐ HIV   ☐ TB

Anticoagulant (please tick if patient is on any of the following)

☐ Warfarin   ☐ Clopidogrel

If Patient on Iron tablets, would need to **stop at least 3 days before colonoscopy**

Bowel Preparation (Please Tick below) – for colonoscopy only

☐ Bowel Preparation Information leaflet given

☐ Need to come with responsible adult because of Sedation