

Open Access Colonoscopy Screening Questionnaire

Patient Name: _____ Patient DOB: _____

Phone Number: _____

Preferred Physician:

- ☐ Dr. Rudolph Bedford ☐ Dr. Rahul Dixit ☐ Dr. Lenna Martyak ☐ Dr. Claudia Sanmiguel
☐ Dr. Kamyar Shahedi ☐ Dr. James Sul ☐ No Preference

Please answer the following screening questions:

1. Referring Provider: _____
2. Current Height: _____ Current Weight: _____
3. Current Age: _____
4. Are you currently taking any GLP-1 agonists medication? (See list below) ☐ Yes ☐ No

COMMON GLP-1 AGONISTS MEDICATIONS	
➤ ADLYXIN (LIXISENATIDE)	➤ RYBELSUS (SEMAGLUTIDE)
➤ BYDUREON BCISE (EXENATIDE SUSPENSION)	➤ WEGOVY (SEMAGLUTIDE)
➤ BYETTA (EXENATIDE)	➤ VICTOZA (LIRAGLUTIDE)
➤ MOUNJARO (TIRZEPATIDE)	➤ SAXENDA (LIRAGLUTIDE)
➤ OZEMPIC (SEMAGLUTIDE)	➤ TANZEUM (ALBIGLUTIDE)
	➤ TRULICITY (DULAGLUTIDE)

5. Are you currently on any blood thinners or diabetes medications? ☐ Yes ☐ No
a. If yes, name of the medication? _____
6. Do you have any regular digestive symptoms (*ex. Constipation, diarrhea, GERD*)? ☐ Yes ☐ No
a. If yes, please list: _____

7. Do you have any family history of colon cancer? ☐ Yes ☐ No
a. If yes, please list: _____

8. Do you have any cardiac, respiratory, or kidney issues? ☐ Yes ☐ No
a. If yes, what type and the last time you saw the specialist: _____

9. Any history of a pacemaker or implantable defibrillator? ☐ Yes ☐ No
10. Do you have any mobility restrictions? ☐ Yes ☐ No
a. If yes, are you wheelchair bound with the inability to self-transfer? ☐ Yes ☐ No
11. Previous procedure or screening (colonoscopy, stool FIT or Cologuard)? When?

12. Preferred Pharmacy (Please list name, telephone number, and address):
