

Patient: _____

Date: _____

Arrival Time: _____

SUITE: _____

General Instructions

- You will be sedated for this procedure. You will not be able to drive yourself home. **You MUST bring someone with you to drive home. If you plan to take public transportation home, you MUST bring a responsible adult with you. If you do not have a responsible adult to take you home, the procedure will be cancelled.**
- Expect to spend 2-4 hours at the facility (depending on previous cases that are being done that day). **Please be patient, as every case is different.**
- Female Patients: If you could be pregnant or seeing a fertility doctor, please notify our office.
- If your insurance changes before your procedure, notify our office.
- Appointment cancellations require a 48-hour notice or a charge will be incurred.
- Avoid endoscopic procedures for the first 3 months following placement of a cardiac stent, except for a declared emergency
- If you have an **ADVANCED DIRECTIVE**, please bring a copy with you on the day of your procedure. It is the policy of the surgery center that in the absence of an Advance Directive, if there is deterioration in the patient's condition during treatment, the personnel at the surgery center will initiate resuscitative or stabilizing measures. The patient will be transferred to an acute care hospital, where further treatment decisions will be made.

EGD Prep instructions

****Failure to adhere to the following instructions may result in and the need to reschedule your test.****

Three days before procedure

- If you are having a pH Bravo test, which you would have received additional paperwork for, **DO NOT** take any antacids or any medications for reflux or heartburn three (3) days prior to your test.

The day before procedure:

1. No alcoholic beverages
2. **DO NOT** smoke, vape, smoke marijuana, use tobacco, chew tobacco or use any other recreational drugs after midnight
3. **DO NOT EAT, DRINK, CHEW GUM OR HAVE HARD CANDY AFTER MIDNIGHT.**

*If your arrival time is scheduled....

Before 12-NOON: DO NOT eat or drink anything after midnight

After 12-NOON: DO NOT eat any solid food after midnight
You may have a clear liquid breakfast BEFORE 7am that morning, but NOTHING AFTER 7am to eat or drink

Clear Liquid Examples

- Gatorade (NOT RED)
- Tea or water
- Soft drinks (Sprite, 7up)
- Juice (apple, white grape)
- Coffee (NO CREAM)
- Broth or boullion
- Jello (NOT RED)
- Popsicles (NOT RED)

****Please carefully read the following page about your medications****

About Your Medications (Read at least 1 week before test)

- **Do Not Take** any Iron, Carafate or Sucralfate during your prep or the day of your exam.
- **If you take Blood thinners and/or vitamins : SEE BELOW**
- **Asthma or COPD:** please bring your inhaler with you on the day of your procedure.
- **Take your blood pressure medications, seizure medications and/or inhalers** the morning of your procedure with enough sips of water to completely swallow them at least 2 hours prior to your arrival time
- **If you have Diabetes:**
 - **DO NOT TAKE** any diabetic oral agent the morning of your procedure.
 - Please bring your diabetic medication or insulin with you the day of your procedure
 - If you use an insulin pump, **DO NOT** turn it off; continue basal rate.
 - Check your blood sugar the morning of your procedure. Do not take morning dose. After your procedure, if you are eating, take your normal dose of insulin or other diabetic medication.

If you take blood thinning medication, herbal supplements or vitamins:

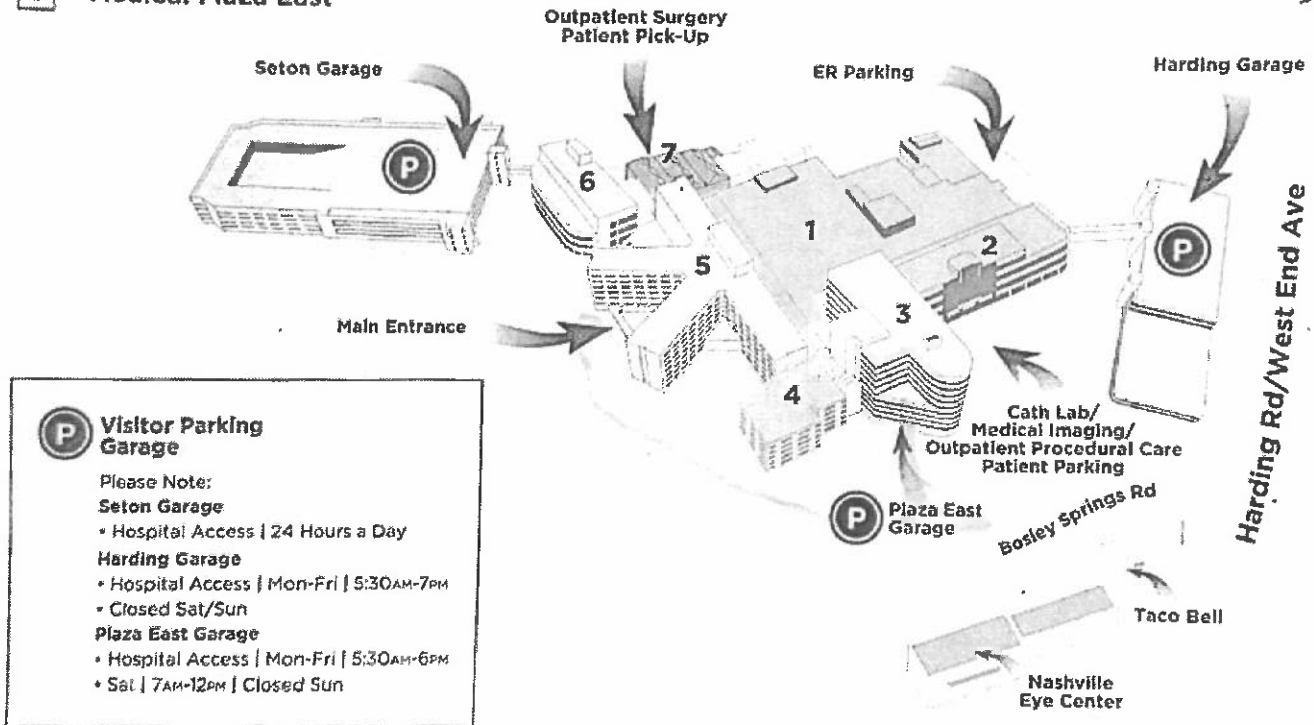
- Blood thinning medications must be stopped or adjusted per the needs of the individual patient. This adjustment **must** be approved by your prescribing physician prior to your procedure.
- If your prescribing physician does not approve of discontinuing your blood thinner, we can perform the procedure, but we may not take any biopsies, remove polyps or undertake any other therapeutic interventions during your procedure.

Stop or adjust your medications listed below

Medication	Adjustment required	Further Details/Instructions
Xarelto, Pradaxa, Eliquis, Brillinta	Stop 2 days prior to procedure	Unless prescribing physician instructs NOT to stop
Effient, Plavix	Stop 7 days prior to procedure	Unless prescribing physician instructs NOT to stop
Coumadin (Warfarin)	Stop 5 days prior to procedure	Unless prescribing physician instructs NOT to stop
Aspirin (any medication containing aspirin)	Stop 7 days prior to procedure	Unless prescribing physician instructs NOT to stop
Stop supplements: Herbal, vitamins, and fish oil	Stop 5 days prior to procedure	
Ozempic, Mounjaro, Trulicity, Victoza, Rybelsus, Wegovy, or other GLP-1 agonist	Stop 7 days prior to procedure	

THE ENDOSCOPY CENTER OF ST. THOMAS

- 1** - Saint Thomas West Hospital **4** - Medical Plaza West **6** - S & E Building
2 - Saint Thomas Heart Building **5** - K Building/Hospital **7** - Surgical Services Building
3 - Medical Plaza East



We are located in St. Thomas Medical Plaza
 4230 Harding Pike, Nashville TN 37205

PARKING:

- Park in Medical Plaza East parking garage and take elevators to your designated floor (Third floor for suite 309 or fourth floor for suite 400).
- You may also park in Valet which is located by the Medical Plaza West parking garage.

Patient History Form

Patient Name: _____		DOB: _____	
Age: _____	Height: _____	Weight: _____	
Race: White/Caucasian / Black-African American / Hispanic / Other: _____			
Ethnicity: Non-Hispanic-Latino / Hispanic-Latino / Declines to provide information: _____			
Preferred Language: English / Spanish / Other: _____			
Have you had this procedure before? <input type="checkbox"/> Yes <input type="checkbox"/> No By Whom? _____			
What are your symptoms? _____		How long? _____	
Primary Care Doctor: _____		Phone: _____	
Referring Doctor: _____		Phone: _____	

General	Yes	No	Cardiovascular	Yes	No	Gastrointestinal	Yes	No	Musculoskeletal	Yes	No
Tiredness			Dizziness/fainting			Nausea			Muscle weakness		
Fever			Chest pain			Rectal bleeding			Implanted device		
Loss of Appetite			Irregular heart beat			Vomiting			Dermatologic	Yes	No
Weight Gain			Palpitations			GERD			Allergies		
Weight Loss			Swelling of ankles			Ulcers			Hives		
Hearing loss			Heart failure			Diverticulosis			Itching		
Head/Neck	Yes	No	High blood pressure			Crohn's			Yellowing of skin		
Glaucoma			Heart attack			Colitis			Rash		
Loss of vision			Heart stents			Hepatitis			Open sores		
Sinus Problems			Blood clots			Hemorrhoids			Neurologic	Yes	No
Endocrine	Yes	No	Pacemaker			Hiatal hernia			Seizures		
Diabetes			Defibrillator			Trouble swallowing			Stroke		
Thyroid Disorder			Coronary artery disease			Genitourinary	Yes	No	TIA		
Respiratory	Yes	No	Heart valve Disease			Dark urine			Neuropathy		
Asthma with frequent inhaler use			Peripheral Vascular Disease			Difficulty urinating			Migraines		
COPD/Emphysema			High Cholesterol			Recurrent UTI			Seizures		
Shortness of breath			Gastrointestinal	Yes	No	Blood in urine			Tremor		
Sleep Apnea			Abdominal swelling			Urinate frequently			Vertigo		
Use CPAP/BiPap			Anal/rectal pain			Dialysis			Fibromyalgia		
Home Oxygen use			Abdominal pain			Kidney failure			Psychiatric	Yes	No
Pneumonia			Change in bowel habits			Kidney Disease			Bipolar		
Hematology	Yes	No	Constipation			Musculoskeletal	Yes	No	Schizophrenia		
Blood thinners			Diarrhea			Chronic Pain			PTSD		
Blood disorder			Colostomy			Gout			Anxiety		
Anemia			Heartburn/ Reflux			Arthritis			Depression		
Bleed easily			Incontinence of stool			Back/Neck pain			Sleep Disturbances		
Female Patients:	Last menstrual cycle? _____		Any chance of pregnancy? _____		Type of Birth control: _____						

Please list all previous surgeries below

1.) _____	4.) _____	7.) _____
2.) _____	5.) _____	8.) _____
3.) _____	6.) _____	9.) _____

Please circle self/family members with any of the following medical history below

Colon Polyps	Self	Mother	Father	Sister	Brother	Daughter	Son
Crohn's Disease	Self	Mother	Father	Sister	Brother	Daughter	Son
Ulcerative Colitis	Self	Mother	Father	Sister	Brother	Daughter	Son
Liver Disease	Self	Mother	Father	Sister	Brother	Daughter	Son
Colon Cancer	Self	Mother	Father	Sister	Brother	Daughter	Son
Biliary Cancer	Self	Mother	Father	Sister	Brother	Daughter	Son
Pancreatic Cancer	Self	Mother	Father	Sister	Brother	Daughter	Son
Other Cancer	Self	Mother	Father	Sister	Brother	Daughter	Son
Type of Cancer:	_____						

Social History

Do you drink alcohol Yes / No
 How much: _____ How often: _____
 Do you smoke/vape or chew tobacco? Yes / No
 Amount per day? _____ How Long? _____
 Have you smoked in the past?
 Amount per day? _____ How long? _____
 Do you do recreational drugs? Yes / No
 What type? _____

Any Other Medical Conditions You May have: _____

Billing Procedures for The Endoscopy Center of St. Thomas

The Endoscopy Center of St. Thomas Billing Office will inform you of any deductible and co-pays you may own at the time of service. We accept a wide variety of payment options including cash, check, MasterCard and VISA. It may also be possible to make other financial arrangements if you are unable to make payment in full at the time of service.

NOTE: You will receive at least three separate statements for your procedure.

1. One of the statements will be addressed from St. Thomas Medical Group/ADI. This bill is a result of the professional services provided to you. This is the fee the doctor has charged for doing the procedure. Our office will bill your insurance company for the charges. However, during this time period, you will continue to receive a statement. Please make arrangements to pay the portion that is not covered by your insurance company as soon as you receive your first statement. Once your insurance company has paid, it will be reflected on your next statement.
2. Another statement will be addressed from the Endoscopy Center of St. Thomas. This bill is a result of the facility fee and takes the place of an outpatient hospital bill. The facility is state license and certified by Medicare as an Ambulatory Surgery Center. Your insurance company will be billed separately for these charges. However, during this period, you will continue to receive a statement. Please make arrangements to pay the portion that is not covered by your insurance company the day of service. Once your insurance company has paid, it will be reflected on your next statement.
3. The third bill will be from IMG Anesthesia or Nashville Gastro Anesthesia (NGA) for the anesthesia provided during your procedure.
4. There may be other statements sent to you by a lab and pathologist due to biopsies obtained during your procedure. Their billing procedures may differ from the three above. You will need to contact the number on your statement for any questions you may have regarding their billing procedures.

The undersigned certifies that he/she has read and understands the above and fully accepts the terms specified above.

Date _____

Printed Name

Signature of Patient / Guardian

NASHVILLE GASTROINTESTINAL SPECIALIST, INC.

Howard Mertz, MD, FACP

Edward A. White MD

Steven Delaney MD

FELLOWS OF AMERICAN COLLEGES
OF PHYSICIANS & GASTROENTEROLOGY
DIPLOMATES OF A.B.L.M.
SUBSPECIALTY OF GASTROENTEROLOGY

By my signature below, I acknowledge I have received a copy of Nashville Gastrointestinal Specialist, Inc.'s Notice of Privacy Practices concerning my protected healthcare information.

Patient Name (Printed)

Date

Patient or Patient Representative Signature

I authorize the following individuals to receive information about my health status, which may include information about my protected healthcare information.

Print Name

Relationship

Date of Birth

Print Name

Relationship

Date of Birth

Print Name

Relationship

Date of Birth

I authorize Nashville Gastrointestinal Specialist, Inc. will only release my protected healthcare information to the individuals that I have indicated on this form. All other requests for protected healthcare information must be made in accordance with the Nashville Gastrointestinal Specialist, Inc. HIPAA Policy and Procedures Manual concerning the privacy of my protected healthcare information.

Patient Name (Printed)

Date

Patient or Patient Representative Signature