



East Valley Gastroenterology & Hepatology Associates

Swarnjit Singh, M.D., MBBS, MRCP
Brendan Levy, M.D.

Joseph Daniel Davis, M.D.
Gregory Nguyenduc, M.D.
Emma Janet Castillo, M.D.
Abraham Panossian, M.D.

www.eastvalleygastro.com . Tel: (480)786-6655 . Fax: (480)786-6996

Screening Health History

Name _____ Date _____
Address _____ City _____ St _____ Zip _____
Telephone (Daytime) _____ Mobile _____ DOB _____
Height _____ Weight _____
Primary Care MD _____ Insurance Carrier _____
Member ID _____ Group # _____
Insured Name _____ Relationship _____
Social Security # _____ Ins. Cust. Serv. Tel. # _____
Location Requested _____ Physician Requested _____
Please check one: _____ Self Pay (No Insurance) _____
How are we allowed to contact in the event you are unavailable _____
Re: Procedure confirmation and HIPAA compliance

Please answer the following Y (yes) or N (no) questions:

- 1. Are you in good health.....
2. Do you have severe:
A. Cardiovascular disease (heart attack, palpitations heart surgery, sever heart failure)...
B. Lung disease (asthma, emphysema, bronchitis, shortness of breath, sleep apnea).....
C. Seizures, Convulsions, Stroke.....
D. Bleeding Disorder.....
E. Liver Disease, Cirrhosis of the Liver.....
F. Kidney Disease, End Stage, Dialysis.....
G. Any complicated surgery in the abdomen.....
H. Implants placed in your body (Heart Valve, Stents, Pacemakers).....
3. Are you using any of the following:
A. Anticoagulants, Blood Thinners (Coumadin, Plavix).....
B. Aspirin, Digitalis, Inderal, Nitroglycerin, or other heart drugs.....
4. Are you allergic to or have you had an adverse reaction to:
A. Penicillin or other antibiotics.....
B. Sedative, barbiturates.....
C. Other allergies or reactions.....
5. Have you or any immediate family had any problems associated with intravenous anesthesia.
6. Do you have any other disease, condition, or problem not listed we should know about.....
7. For Women ONLY:
Are you pregnant or is there any chance you might be.....

Date _____ Signature or person completing health history _____ Doctors Initials _____

*If you have an HMO insurance carrier please note that your procedure can NOT be scheduled without a referral on file. The referral needs to be sent from your PCP to our office via fax 480-786-6996. Also be aware that all referrals should be referred to EVGHA, not a specific doctor.