



GI Clinic

**OUR CLINIC REQUIRES 72 HOUR NOTICE FOR CANCELLATION
DUE TO THE TIME WE ALLOW FOR YOUR APPOINTMENT**

You are scheduled with **Dr. Aaron Travis**

Appointment Date:

Arrival Time:

- Please read and complete the enclosed questionnaire along with the medication list.
- Bring all paperwork with you to your appointment, **picture ID and your insurance card.**
- Report to the Surgery Waiting Room to register for your procedure.
- You will be sedated for this procedure. You will **need someone to drive you home and stay with you following your procedure for 24 hours. No mode of public transportation will be allowed, including taxis, buses, or walking alone.** Please have your driver with you at check-in to verify your ride.
- If having a colonoscopy, you will need to purchase a bowel prep. Included in your packet are 2 different bowel prep instructions. **Only choose one** of them to use. One of the preps requires a prescription, which is included as well as a coupon. The cost is determined by your insurance coverage. The other prep can be obtained over-the-counter. Here is a brief description of the differences between the preps.
Clenpiq: 10.8 oz. total prep medication, followed by 64 oz. any clear liquids.
Miralax/Ducolax: 64 oz. total prep medication, followed by 16 oz. water.

Helpful Hints:

- Remain at home and close to the bathroom after beginning the prep.
- If you develop nausea or vomiting while drinking the prep solution, take slower sips. Sometimes chilling the liquid and drinking it through a straw will help.
- If you have any questions, call the GI clinic at 816-887-0457 between 8:00 a.m. and 3:00 p.m., Monday thru Friday.

Instructions for CLENPIQ Colonoscopy Prep

Dr. Travis

OUR CLINIC REQUIRES 72 HOURS NOTICE FOR CANCELLATION DUE TO THE TIME WE ALLOW FOR YOUR APPOINTMENT

If you have any questions, call our GI Department at
816-887-0457 between 8:00 a.m. and 3:00 p.m., Monday thru Friday.

AT LEAST A WEEK BEFORE YOUR PROCEDURE:

- If you take any blood thinners, please call the GI department (816-887-0457) to determine whether to stop this medication and the time frame to hold. Blood thinners include, but are not limited to the following; Coumadin, Warfarin, Xarelto, Eliquis, Savaysa, Pradaxa, Dipyridomole, Aggrenox, Pletal, Plavix, Ticlopidine, or Effient.
- If you take **Insulin**, please check with your doctor that prescribes this for you about adjusting your dose prior to this procedure. **TAKE NO INSULIN OR ORAL DIABETIC MEDICATION THE MORNING OF YOUR PROCEDURE.**
- Stop all **Diet Pills** including over-the-counter, herbal and prescription 7 days prior to your procedure, this includes Phentermine, Qsymia, ect...

SEVERAL DAYS BEFORE YOUR PROCEDURE:

You will need to purchase the following:

- 1 – CLENPIQ prep from your pharmacy, you will need the prescription that is enclosed in this packet and the coupon. The prep should cost no more than \$40.00.

DO NOT FOLLOW THE INSTRUCTIONS THAT COME ON THE PREP BUT RATHER FOLLOW THE INSTRUCTIONS BELOW.

THE DAY BEFORE YOUR PROCEDURE:

- You may **NOT HAVE ANY SOLID FOOD ALL DAY**. You may have plenty of **CLEAR LIQUIDS ONLY**. This includes black coffee, tea, soda (Coke/Pepsi), 7-Up, Sprite, apple juice, Gatorade, popsicles, Jell-O, broth, bouillon, sugar free is fine if you prefer.
- **DO NOT DRINK ALCOHOL. NO MILK PRODUCTS, DO NOT DRINK RED OR PURPLE CLEAR LIQUIDS. DO NOT DRINK ORANGE JUICE.**
- It is important to stay hydrated with lots of liquids.

Your bowel preparation is composed of 2 doses, taken at different times. You will take both doses THE DAY PRIOR TO YOUR SCHEDULED PROCEDURE. Do not follow the instructions in the box with the prep.

1st DOSE:

1. **Between 3:00 & 5:00 p.m. the afternoon before your procedure-** Drink one entire bottle of the CLENPIQ. Follow CLENPIQ by drinking five 8-ounce (dosing cup upper line) cups of clear liquids within 5 hours.
2. Stay close to the toilet in the evening- the goal is to have diarrhea.

2nd DOSE:

1. **Between 9:00 & 11:00 p.m. the night before your procedure-** Drink the entire second bottle of CLENPIQ. Follow the CLENPIQ by drinking three 8-ounce (dosing cup upper line) cups of clear liquids within 2 hours.

THE DAY OF YOUR PROCEDURE:

- If you take insulin or oral diabetic medication, hold it and DO NOT TAKE on the day of your procedure.
- Please take your scheduled/prescribed medications for heart problems, asthma, pain, anxiety, high blood pressure, breathing problems and seizures, unless otherwise instructed by your physician. Take 1-2 hours before your procedure and drink only enough water to swallow your pill(s) - no more than 4 fluid ounces.
- **NO** gum, mints, candy or chewing tobacco,
- You may brush your teeth but don't swallow any water or toothpaste.

YOU MUST HAVE WITH YOU:

- You will be sedated for the procedure. You will **NEED SOMEONE TO DRIVE YOU HOME AND STAY WITH YOU FOLLOWING THE PROCEDURE FOR 24 HOURS. NO MODE OF PUBLIC TRANSPORTATION WILL BE ALLOWED, INCLUDING TAXIS, BUSES, OR WALKING ALONE.** Please have your driver with you at Check-In to verify your ride.
- A list of all medications you are now taking, including over-the-counter products and herbal supplements.
- Your driver's license and insurance card

*** **REMEMBER** the goal is to get cleaned out. If you have any problems with the preparation please contact the GI department 816-887-0457 Monday thru Friday from 8:00 a.m. – 3:00 p.m. Failure following the instructions may result in cancellation.

Instructions for Miralax & Gatorade Colonoscopy Prep

Dr. Travis

OUR CLINIC REQUIRES 72 HOURS NOTICE FOR CANCELLATION DUE TO THE TIME WE ALLOW FOR YOUR APPOINTMENT

If you have any questions, call our scheduling office at
816-887-0457 between 8:00 a.m. and 3:00 p.m., Monday thru Friday.

AT LEAST A WEEK BEFORE YOUR PROCEDURE:

- If you take any blood thinners, please call the GI department 816-887-0457 to determine whether to stop this medication and the time frame to hold. Blood thinners include, but are not limited to the following; Coumadin, Warfarin, Xarelto, Eliquis, Savaysa, Pradaxa, Dipyridomole, Aggrenox, Pletal, Plavix, Ticlopidine, or Effient.
- If you take **Insulin**, please check with your doctor that prescribes this for you about adjusting your dose prior to this procedure. **TAKE NO INSULIN OR ORAL DIABETIC MEDICATION OR ORAL DIABETIC MEDICATION THE MORNING OF YOUR PROCEDURE.**
- Stop all **Diet Pills** including over-the-counter, herbal and prescription 7 days prior to your procedure, this includes Phentermine, Qsymia, ect...

SEVERAL DAYS BEFORE YOUR PROCEDURE:

You will need to purchase the following. All are available over-the-counter at any pharmacy.

- 1- box of Dulcolax laxative tablets (only 4 tablets are needed)
- 1- 238 gram bottle of Miralax (or its generic version)
- 1- 64 oz. bottle of Gatorade or Powerade (any color except red or purple)

**** Diabetic patients only to use Propel Fitness Water instead of Gatorade****

THE DAY BEFORE YOUR PROCEDURE:

- You may **NOT HAVE ANY SOLID FOOD ALL DAY.** You may have plenty of **CLEAR LIQUIDS ONLY.** This includes black coffee, tea, soda (Coke/Pepsi), 7-Up, Sprite, apple juice, Gatorade, popsicles, Jell-O, broth and bouillon, sugar free is fine if you prefer.
- **DO NOT DRINK ALCOHOL. NO MILK PRODUCTS, DO NOT DRINK RED OR PURPLE CLEAR LIQUIDS. DO NOT DRINK ORANGE JUICE.**

To start your bowel preparation you will need to mix the entire 238 gm bottle of Miralax powder in 64 oz. of Gatorade or Powerade (or Propel Fitness Water).

1. The evening before your procedure, usually between 2:30 p.m. and 5:30 p.m., take 2 Dulcolax tablets with 8 oz. water. Thirty minutes later, mix the entire bottle of Miralax with Gatorade or other electrolyte replacement and continue drinking one 8 oz. glass every 15-30 minutes until you have finished the entire portion of Miralax/Gatorade. This should take you approximately 4 hours. When you finish the Miralax mixture, take 2 more Dulcolax tabs with 8 oz. water. We encourage you to continue drinking lots of clear liquids after this dose up until midnight.
2. Stay close to the toilet in the evening- the goal is to have diarrhea.

THE DAY OF YOUR PROCEDURE:

- If you take insulin or oral diabetic medication, hold it and **DO NOT TAKE** on the day of your procedure
- Please take your scheduled/prescribed medications for heart problems, asthma, pain, anxiety, high blood pressure, breathing problems and seizures, unless otherwise instructed by your physician. Take 1-2 hours before your procedure and drink only enough water to swallow your pill(s)- no more than 4 fluid ounces.
- **NO** gum, mints, candy or chewing tobacco.
- You may brush your teeth but do not swallow any water or toothpaste.

YOU MUST HAVE WITH YOU:

- You will be sedated for the procedure. You will **NEED SOMEONE TO DRIVE YOU HOME AND STAY WITH YOU FOLLOWING THE PROCEDURE FOR 24 HOURS. NO MODE OF PUBLIC TRANSPORTATION WILL BE ALLOWED, INCLUDING TAXIS, BUSES, OR WALKING ALONE.** Please have your driver with you at Check-In to verify your ride.
- A list of all medications that you are now taking, including over-the-counter products and herbal supplements.
- Your driver's license and insurance card.

***** REMEMBER** the goal is to get cleaned out. If you have any problems with the preparation please contact the GI department 816-887-0457 Monday thru Friday from 8:00 a.m. and 3:00 p.m. Failure to follow the instructions may result in cancellation.

2800 E. Rock Haven Road, Harrisonville, Missouri 64701

Bring this completed form with you to your appointment.

Name: _____ M F DOB: _____

Height: _____ Weight: _____ Referring Doctor: _____

Previous Test – Last GI Test (Colon, EGD, ERCP, Flex Sig, Barium Enema) Not Applicable _____

| Name of Test | Date (Approximate) | Where |
|--------------|--------------------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |

Hospitalization/Surgery (exclude normal pregnancies)

| Year | | Hospitalization/Surgery for: | Year | Hospitalization/Surgery for: |
|------|--|---------------------------------|------|---------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If you have had past problems with anesthetic, including being told you require more medication than normal, please call (816)887-0457.

Habits:

Tobacco (What & how long) _____ Packs per day **Alcohol:** Beer Liquor
Wine Daily or Occasional

Recreational Drug Use [☐] Yes [☐] No

Pregnant [☐] Yes [☐] No Last menstrual period: _____

Family History

Please check the box that applies to each family member.

| | Mother | Father | Siblings |
|--|--------|--------|----------|
| Gallstones | | | |
| Ulcers | | | |
| Polyps | | | |
| Pancreatitis | | | |
| Colon Cancer – other Cancer - Specify | | | |
| Liver Disease (cirrhosis/Hepatitis) | | | |
| Bleeding | | | |

2800 E. Rock Haven Road, Harrisonville, Missouri 64701

Bring this completed form with you to your appointment.

Patient Name: _____ DOB: _____

Please ✓ all that apply.

Respiratory

- ☐ Asthma
- ☐ Dyspnea
- ☐ Sleep Apnea
- ☐ COPD
- ☐ Cough lasting greater than 3 weeks

Cardiovascular

- ☐ Hypertension
- ☐ Previous Endocarditis
- ☐ Prostatic Heart Valve
- ☐ Stroke/TIA
- ☐ Pacemaker/ICD
- ☐ Rheumatic Heart Disease
- ☐ Coronary Artery Disease
- ☐ Heart Attack
- ☐ Atrial Fibrillation

Gastrointestinal

- ☐ Hepatitis
- ☐ Diverticulitis/Diverticulosis
- ☐ Hiatal Hernia
- ☐ Acid Reflux
- ☐ Ulcers
- ☐ Polyp
- ☐ Difficulty Swallowing
- ☐ Nausea
- ☐ Vomiting
- ☐ Diarrhea
- ☐ Unintentional Weight Loss
- ☐ Cirrhosis

Endocrine/Renal

- ☐ Diabetes
- ☐ Anemia
- ☐ Thyroid (Hyper/Hypo)
- ☐ Kidney Failure

Musculoskeletal

- ☐ Arthritis
- ☐ Joint Replacement within last year
- ☐ Muscle Weakness
- ☐ Frequent Falls
- ☐ Stiffness

Mental Health

- ☐ Seizure Disorder
- ☐ Depression
- ☐ Bipolar
- ☐ Head Trauma

Do you have an Advanced Directive? ☐ Yes ☐ No

If no, do you need information? ☐ Yes ☐ No

Do you have a "Medical" Durable Power of Attorney? ☐ Yes ☐ No

If yes, please write the name and phone number. _____

Please bring this completed form with you to your appointment.

Date: _____

Patient Name: _____

Date of Birth: _____

In Order to give the best care possible, a complete list of medications is required. List all medications you take, including dosage, how often or what time(s) of the day you take them. Please include any over-the-counter herbs, remedies, vitamins, etc. that you may take as well.

[illegible]

| | | |
|------------------|--|--|
| New Medications: | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| |
|-----------|
| Allergies |
| |
| |
| |
| |