

Patient Name: _____

Gastroenterologist: _____

Primary Care MD: _____

Driver's Name: _____

Phone #: _____

Emergency Contact: _____

Phone #: _____

Do you Use Tobacco?	Y	N	If yes: ____ packs/day for ____ # of years	[]	Quit for ____ # of years
Do you drink alcohol?	Y	N	If yes: ____ drinks/day of what _____	[]	Recovering Alcoholic
Do you use recreational drugs?	Y	N	If yes: what substance _____		When last used _____

Recent Tests/Procedures (within one year)

Labs	Y	N	Stress Test	Y	N	Implanted Venous Access Device	Y	N
Chest X-ray	Y	N	Cardiac Cath/Angioplasty	Y	N	Traumatic Injury or Fractures	Y	N
EKG	Y	N	Cardiac Stent/Cardiac Bypass	Y	N	Surgery	Y	N

Medical History (Please explain "yes" answers below)

Heart/Vascular System			Neurological System			Muscle/Skeletal System		
MI/Heart Attack	Y	N	Dizziness/Fainting Spells	Y	N	Arthritis	Y	N
Palpitations/Fibrillation	Y	N	Headaches	Y	N	Joint Pain	Y	N
Hypertension	Y	N	Numbness	Y	N	Back/Neck Problems	Y	N
Congestive Heart Failure	Y	N	Slurred Speech	Y	N	Muscle Weakness	Y	N
Pacemaker/ICD	Y	N	Stroke/TIA	Y	N	Osteoporosis	Y	N
Circulation Problems	Y	N	Disorientation	Y	N	Skin		
Heart Murmur	Y	N	Paralysis	Y	N	Ulcers/Skin Breakdown	Y	N
Chest Pain/Angina	Y	N	Seizure Disorder	Y	N	Rash	Y	N
Lung/Respiratory System			Alzheimer's/Dementia	Y	N	Bruises	Y	N
TB (or exposure)	Y	N	Kidney/Bladder System			Burns	Y	N
Asthma/Wheezing	Y	N	Urinary Tract Infection	Y	N	Lacerations/Stitches	Y	N
Shortness of Breath	Y	N	Kidney Stones	Y	N	Infection/Toxins/Poisons		
Pneumonia	Y	N	Dysuria/Burning	Y	N	Flu (within past 30 days)	Y	N
Bronchitis	Y	N	Incontinence of urine	Y	N	Chicken Pox (past 30 days)	Y	N
Emphysema	Y	N	Kidney Disorder/Failure	Y	N	Shingles	Y	N
Gastro-Intestinal System			Hemodialysis	Y	N	Upper Respiratory Infection	Y	N
Rectal Bleeding	Y	N	CAPD	Y	N	MRSA	Y	N
Heartburn/Ulcer	Y	N	Hormonal/Glandular System			VRE	Y	N
Difficulty Swallowing	Y	N	Diabetes	Y	N	HIV/AIDS	Y	N
Hiatal Hernia	Y	N	Low Blood Sugar	Y	N	Genital Herpes	Y	N
Vomiting Blood	Y	N	Thyroid Problems	Y	N	Hepatitis	Y	N
Diverticulosis/Diverticulitis	Y	N	Blood/Bleeding			Asbestos Exposure	Y	N
Gas/Bloating	Y	N	Anemia	Y	N	Coal Dust Exposure	Y	N
Constipation	Y	N	Bleeding/Clotting Problems	Y	N	Other		
Diarrhea	Y	N	Blood Transfusions	Y	N	Leukemia	Y	N
Gallbladder Problems	Y	N	Difficult Blood typing/crossmatch	Y	N	Other Cancers	Y	N
Pancreatitis	Y	N				Chemo/Radiation	Y	N

Patient Label

GI LAB OUTPATIENT NURSING HISTORY

St. John's Mercy Medical Center, St. Louis, MO

DAVID D. BENAGE, M.D.
LOREN H. MARSHALL, M.D.
JEFFREY E. MATHEWS, M.D.
BRIAN C. MCMORROW, M.D.
RICHARD T. RIEGEL, M.D.

ANDREW Y. SU, M.D.
FRED H. WILLIAMS, M.D.
CHERI M. CARMODY, A.N.P.

GATEWAY GASTROENTEROLOGY, INC.
621 S. NEW BALLAS ROAD, SUITE 228A
ST. LOUIS, MO 63141
OFFICE (314) 251-6973
FAX (314) 251-6177

For Medical Records purposes, we will need you to provide us with a list of your current medications. This information is very important to us. Please complete this list below and bring it with you at the time of your appointment. Thank You!

Appointment Date: _____ Birthdate: _____

	Prescription Name	Dosage	Frequency (how often)
1.	_____		
2.	_____		
3.	_____		
4.	_____		
5.	_____		
6.	_____		
7.	_____		
8.	_____		
9.	_____		
10.	_____		
11.	_____		
12.	_____		
13.	_____		
14.	_____		

ERCP Preparation Instructions

Please read this information as soon as you receive it!!

(314) 251-6973 (office)
(314) 388-6519 (exchange)

Your ERCP is scheduled for _____ at _____ am pm

Please **arrive** at the GI Lab at St. John's Mercy Medical Center at _____ am pm. The GI Lab is located at the main entrance of St. John's Mercy Medical Center. Upon entrance to the hospital, the GI Lab is located immediately to your left. (Visit our website www.GatewayGI.com for further directions to the GI Lab.)

If you cannot keep your scheduled appointment, please notify us at least 48 hours before your scheduled time

Special Instructions: **(Read Immediately Upon Receipt)**

Through out the preparation period and the procedure, please take your medications as prescribed except for the following:

Insulin: Call your primary doctor at least five days before the procedure and ask for instructions.

Coumadin (warfarin): Call your primary doctor or cardiologist and ask if you can stop the Coumadin four days before your procedure. If your doctor tells you that you cannot stop the Coumadin then please call us immediately to make us aware of this. We will then discuss with you the various options available for doing a procedure while on Coumadin.

Plavix (clopidogrel) and aspirin: Plavix and aspirin do not need to be stopped prior to undergoing an endoscopic procedure.

Iron: There is no need to stop iron before an upper endoscopy

Herbal Medications: It is best to stop any herbal remedies five days before the procedure as many of them can thin the blood and increase the risk of bleeding during the procedure.

Patients requiring antibiotics for procedures: Most patients do not require antibiotics for endoscopy. However, if you have had valvular heart disease or a heart murmur, or if you require antibiotics prior to dental work, please call us at least five days before the procedure for instructions as you may need antibiotics prior to the procedure. Of note, artificial joints, pacemakers, and automatic implantable defibrillators do not usually require antibiotics.

Patients with an automatic implantable defibrillator: Please call at least five days before the procedure for instructions.

Preparation Instructions

- 1) Do not drink or eat anything for at least 8 hours before your procedure. For most patients, this means not eating or drinking anything after midnight. Medications can be taken with a sip of water. If your procedure is scheduled for after 2 PM, you may have clear liquids up until 8 AM.

The Day of Your Procedure

- 1) Arrive at the GI Lab at St. John's Mercy Medical Center at the arrival time noted above. The GI Lab is located at the main entrance of St. John's Mercy Medical Center. Upon entrance to the hospital, the GI Lab is located immediately to your left
- 2) **You will need someone to drive you to and from the hospital and wait in the waiting room until the procedure is done. The procedure can't be done unless your driver is present.**
- 3) **We have enclosed a patient information form, medical history form, and medication list. Please fill out these forms at home and bring them with you to your procedure. Fill out the medical history sheet to the best of your ability. If you have any questions, the GI Lab**

nurse will go over it with you at the time of your appointment.

Additional Information

Approximately three business days prior to your procedure, you will be receiving an automated phone call from our House Calls system reminding you of your appointment. Please listen to the entire message and then press the appropriate number for your response regarding your appointment.

One of our staff will be contacting your insurance company prior to your procedure regarding coverage and benefits. She will contact you prior to your procedure if you will be responsible for bring payment (deductible, co-pay, or co-insurance) with you on the day of your procedure. One of our staff will meet with you in the GI Lab prior to your appointment to further discuss any financial or insurance questions you may have.

Understanding ERCP

Your physician has determined that ERCP is necessary for further evaluation or treatment of your condition. This brochure has been prepared to help you understand the procedure. It includes answers to questions patients ask most frequently. Please read it carefully. If you have additional questions, please feel free to discuss them with the endoscopy nurse or your physician before the examination begins.

What is ERCP?

ERCP is a specialized technique used to study the ducts (drainage routes) of the gallbladder, pancreas, and liver (the drainage channels from the liver are called bile ducts or biliary ducts). An endoscope (flexible thin tube that allows the physician to see inside the bowel) is passed through the mouth, esophagus, and stomach into the duodenum (first part of the small intestine). After the common opening to ducts from the liver and pancreas is visually identified, a catheter (narrow plastic tube) is passed through the endoscope into the ducts. Contrast material (“dye”) is then injected gently into the ducts (pancreatic or biliary) and x-ray films are taken.

Why is ERCP done?

ERCP is a valuable tool that is used for diagnosing many diseases of the pancreas, bile ducts, liver, and gallbladder. Structural abnormalities suggested by symptoms, physical examination, laboratory tests, or x-ray films can be shown in detail, and biopsies of abnormal tissue can be obtained if necessary. ERCP can make the important distinction between whether jaundice (yellow discoloration of the eyes and skin) is caused by diseases such as hepatitis, which are treated medically, or by structural diseases, such as gallstones, tumors, or strictures (obstructing scar tissue), which are treated surgically or endoscopically. For patients who are not jaundiced but have pain or laboratory abnormalities suggesting biliary or pancreatic disease, ERCP may also provide important diagnostic information. ERCP can be used to determine whether or not surgery is necessary and is helpful in providing the anatomic detail the surgeon needs to plan an operation when surgery is necessary. Because x-ray films or scans may be taken, it is important that women of childbearing age tell their physician if they are pregnant. The information provided by an ERCP is far more detailed than that provided by standard x-ray films or scans.

Diagnostic ERCP is the necessary first step for therapeutic ERCP. Several conditions of the biliary or pancreatic ducts can be treated (cured or improved) by therapeutic ERCP techniques that can open the end of the bile duct, extract stones, and place stents (plastic drainage tubes) across obstructed ducts to improve their drainage.

What preparation is required?

It is necessary to have a completely empty stomach for the best possible examination. You should therefore fast for at least 6 hours (and preferably overnight) before the procedure. An allergy to iodine-containing drugs (contrast material or “dye”) is not a contraindication to ERCP, but it should be discussed with your physician prior to the procedure. The physician performing the procedure should be informed of any medications that you take regularly, and heart or lung conditions (or any other major diseases), and whether you have any drug allergies.

Someone must accompany you home from the procedure because of the sedation used during the examination. Even if you feel alert after the procedure, your judgment and reflexes may be impaired by the sedation for the rest of the day, making it unsafe for you to drive or operate any machinery. If a complication occurs, you may need to be hospitalized until it resolves.

What can be expected during ERCP?

Your physician will discuss why ERCP is being performed, potential complications from ERCP, and alternative diagnostic or therapeutic tests that are available. A local anesthetic may be applied to your throat and an intravenous sedative may be given to make you more comfortable during the test. Some patients also receive antibiotics before the procedure. The test begins with you lying on your left side on an x-ray table. The endoscope is passed through the mouth, esophagus, and stomach into the duodenum. The instrument does not interfere with breathing. Air is introduced through the instrument and may cause temporary bloating during and after the procedure. The injection of contrast material into the ducts rarely causes discomfort.

What are possible complications of ERCP?

ERCP is generally a well-tolerated procedure when performed by physicians who have had special training and experience in this technique. Localized irritation of the vein into which medications were given may rarely cause a tender lump that may last several weeks. The application of heat packs or hot moist towels to the area may ease the discomfort.

Major complications requiring hospitalization can occur but are uncommon during diagnostic ERCP. They include serious pancreatitis and even more rarely infections, bowel perforation, and bleeding. Another potential risk of ERCP is an adverse reaction to the sedative used. The risks of the procedure vary with the indications for the test, what is found during the procedure, what therapeutic intervention is undertaken, and the presence of other major medical problems, eg, heart or lung disease. Your physician will tell you what is *your* likelihood of complications before undergoing the test.

If therapeutic ERCP is performed (cutting an opening in the bile duct, stone removal, dilation of a stricture, stent or drain replacement, etc), the possibility of complications is higher than with diagnostic ERCP; complications include pancreatitis, bleeding, and bowel perforation. These risks must be balanced against the potential benefits of the procedure and the risks of alternative surgical treatment of the condition. Often these complications can be managed without surgery, but occasionally they do require corrective surgery.

What can be expected following ERCP?

If you are having ERCP as an outpatient, you will be kept under observation until most of the effects of the medications have worn off. Evidence of any complications of the procedure will be looked for and hospitalization may be advised if further observation is necessary. You may experience bloating or pass gas because of the air introduced during the examination. You may resume your usual diet unless you are instructed otherwise.

To the patient

Because education is an important part of comprehensive medical care, you have been provided with this information to prepare you for this procedure. If you have any questions about your need for ERCP, alternative approaches to your problem, the cost of the procedure, methods of billing, or insurance coverage, do not hesitate to speak to your doctor or doctor's office staff about it. Most endoscopists are highly trained specialists and welcome your questions regarding their credentials and training. If you have questions that have not been answered, please discuss them with the endoscopy nurse or your physician before the examination begins.

HIPAA PRIVACY NOTICE

Effective April 14, 2003

This notice describes how medical information about you may be used and disclosed and how you can obtain access to this information. Please review it carefully.

Introduction

We are required by law to maintain the privacy of “protected health information.” “Protected health information” includes any identifiable information that we obtain from you or others that relates to your physical or mental health, the health care you have received, or payment for your health care.

As required by law, this notice provides you with information about your rights and our legal duties and privacy practices with respect to the privacy of protected health information. This notice also discusses the uses and disclosures we will make of your protected health information. We must comply with the provisions of this notice, although we reserve the right to change the terms of this notice from time to time and to make the revised notice effective for all protected health information we maintain. You can always request a copy of our most current privacy notice from our office.

Permitted Uses and Disclosures

We can use or disclose your protected health information for purposes of treatment, payment and health care operations.

- ◆ Treatment means the provision, coordination or management of your health care, including consultations between health care providers regarding your care and referrals for health care from one health care provider to another. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Therefore, the doctor may review your medical records to assess whether you have potentially complicating conditions like diabetes.
- ◆ Payment means activities we undertake to obtain reimbursement for the health care provided to you, including determinations of eligibility and coverage and other utilization review activities. For example, prior to providing health care services, we may need to provide to your insurance carrier (or other third party payor) information about your medical condition to determine whether the proposed course of treatment will be covered. When we subsequently bill the carrier or other third party payor for the services rendered to you, we can provide the carrier or other third party payor with information regarding your care if necessary to obtain payment.
- ◆ Health Care Operations means the support functions of our practice related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities. For example, we may use your medical information to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what services are not needed, and whether certain new treatments are effective.

Disclosures Related To Communications With You Or Your Family

We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you or relate specifically to your medical care through our office. For example, we may leave appointment reminders on your answering machine or with a family member or other person who may answer the telephone at the number that you have given us in order to contact you.

We may disclose your protected health information to your family or friends or any other individual identified by you when they are involved in your care or the payment for your care. We will only disclose the protected health information directly relevant to their involvement in your care or payment. We may also use or disclose your protected health information to notify, or assist in the notification of, a family member, a personal representative, or another person responsible for your care of your location, general condition or death. If you are available, we will give you an opportunity to object to these disclosures, and we will not make these disclosures if you object. If you are not available, we will determine whether a disclosure to your family or friends is in your best interest, and we will disclose only the protected health information that is directly relevant to their involvement in your care.

We will allow your family and friends to act on your behalf to pick up prescriptions, medical supplies, x-rays, and similar forms of protected health information, when we determine, in our professional judgement, that it is in your best interest to make such disclosures.

Other Situations

Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include the following:

- ◆ To prevent or control disease, injury or disability
- ◆ To report births and deaths
- ◆ To report victim of abuse, neglect, or domestic violence
- ◆ To report reactions to medications
- ◆ To notify people of product, recalls, repairs or replace or replacements
- ◆ To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition

Health Oversight Activities. We may disclose medical information to federal or state agencies that oversee our activities. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. We may disclose protected health information to persons under the Food and Drug Administration's jurisdiction to track products or to conduct post-marketing surveillance.

Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in a response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official:

- ◆ In response to a court order, subpoena, warrant, summons or similar process
- ◆ To identify or locate a suspect, fugitive, material witness, or missing person
- ◆ About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
- ◆ About a death we believe may be the result of a criminal conduct
- ◆ About criminal conduct on our premises
- ◆ In emergency circumstances to report a crime; the location of the crime or victims or the identity, description or location of the person who committed the crime

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

Serious Threats. As permitted by applicable law and standards of ethical conduct, we may use and disclose protected health information if we, in good faith, believe that the use of disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Disaster Relief. When permitted by law, we may coordinate our uses and disclosures of protected health information with public or private entities authorized by law or by charter to assist in disaster relief efforts.

Your Rights

1. You have the right to request restrictions on our uses and disclosures of protected health information for treatment, payment and health care operations. However, we are not required to agree to your request.

2. You have the right to reasonably request to receive communications of protected health information by alternative means or at alternative locations.
3. Subject to payment of a reasonable copying charge as provided by state law, you have the right to inspect or obtain a copy of the protected health information contained in your medical and billing records and in any other practice records used by us to make decisions about you, except for:
 - ◆ Psychotherapy notes, which are notes recorded by a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint or family counseling session and that have been separated from the rest of your medical record
 - ◆ Information compiled in a reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.
 - ◆ Protected health information involving laboratory tests when your access is required by law
 - ◆ If you are a prison inmate and obtaining such information would jeopardize your health, safety, security, custody, or rehabilitation or that of other inmates, or the safety of any officer, employee, or other person at the correctional institution or person responsible for transporting you
 - ◆ If we obtained or created protected health information as part of a research study for as long as the research is in progress, provided that you agreed to the temporary denial of access when consenting to participate in the research
 - ◆ Your protected health information is contained in records kept by a federal agency or contractor when your access is required by law
 - ◆ If the protected health information was obtained from someone other than us under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information

We may also deny a request for access to protected health information if:

- ◆ A licensed health care professional has determined, in the exercise of professional judgement, that the access requested is reasonably likely to endanger your life or physical safety or that of another person
- ◆ The protected health information makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgement, that the access requested is reasonably likely to cause substantial harm to such other person
- ◆ The request for access is made by the individual's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to you or another person

If we deny a request for access for any of the three reasons described above, then you have the right to have our denial reviewed in accordance with the requirements of applicable law.

4. You have the right to request a correction to your protected health information, but we may deny your request for correction, if we determine that the protected health information or record that is the subject of the request:
 - ◆ Was not created by us, unless you provide a reasonable basis to believe that the originator of protected health information is no longer available to act on the requested amendment
 - ◆ Is not part of your medical or billing records
 - ◆ Is not available for inspection as set forth above
 - ◆ Is not accurate and complete

In any event, any agreed upon correction will be included as an addition to, and not a replacement of, already existing records.

5. You have the right to receive an accounting of disclosures of protected health information made by us to individuals or entities other than to you for the period provided by law, except for disclosures:
 - ◆ To carry out treatment, payment and health care operations as provided above
 - ◆ To persons involved in your care or for other notification purposes as provided by law
 - ◆ For national security or intelligence purposes as provided by law
 - ◆ To correctional institutions or law enforcement officials as provided by law
 - ◆ That occurred prior to April 14, 2003
 - ◆ That are otherwise not required by law to be included in the accounting
6. You have the right to request and receive a paper copy of this notice from us.
7. The above rights may be exercised only by written communication to us. Any revocation or other modification of consent must be in writing delivered to us.