

PATIENT INTAKE FORM

I. PATIENT INFORMATION

Last Name _____ First Name _____ MI _____

Do you go by any other names? Yes No If yes, list names: _____

Date of Birth ____/____/____ Sex: Male Female

Street Address _____ City _____

State _____ Zip _____

Phone Numbers: Home _____ Cell _____ Work _____

Please put a check mark on the preferred number. OK to leave a message? Yes No

Do you have an Advanced Directive (Living Will or Durable Power of Attorney for Health Care) on file? Yes No

Primary Care Physician _____

NOTE: Our center does not honor Advanced Directives and all patients undergoing procedures will be considered for life sustaining treatment.

II. EMERGENCY CONTACT/RIDE INFORMATION

Emergency Contact Name _____ Relationship _____

Phone Number: _____ Is this your ride for the day of procedure? Yes No

If No, then who? _____

Driver's Phone Number: _____ Color/Make of Car _____

Do we have permission to review medical information with the driver? Yes No

NOTE: Your ride will be called 15-20 minutes prior to your discharge. Your ride will need to bring the car to the designated parking space on Level B (2nd floor of the parking structure behind our building, accessed from California Drive) and we will bring you to the car in a wheelchair for your safety.

Rev 12.7.20

REMINDERS FOR DAY OF PROCEDURE:

- You need to bring the following:
 - Photo ID
 - Insurance Card(s)
 - Credit Card or Other Method of Payment (if applicable)
- Make sure you have a responsible driver to take you home.

NOT UBER/LYFT/TAXI. Call your doctor or Mid-Peninsula Endoscopy Center (650) 373-1970 to receive a list of approved ride services.

- **DO NOT DRINK ANYTHING (INCLUDING WATER) 3 HOURS BEFORE YOUR SCHEDULED PROCEDURE TIME.**
- Do not wear any jewelry on the day of your procedure.