



**GREATER BOSTON GASTROENTEROLOGY**

475 Franklin Street Suite 110  
Framingham, MA 01702-6265  
Phone: (508) 620-9200, Fax: (508) 620-6483

**DIRECTIONS TO METROWEST MEDICAL CENTER**

From Mass Pike

Take exit 13. Proceed to Route 30 to Route 126. Turn left (south) on Route 126 (Concord Street). Follow Route 126 approximately 2 miles to Lincoln Street. Turn right. Hospital will be on right.

From Route 9

Exit at Route 126 South, toward downtown Framingham. Follow Route 126 approximately 2 miles to Lincoln Street. Turn right. Hospital will be on the right.



**PRE-PROCEDURE ASSESSMENT**

PLEASE REVIEW THE INSTRUCTIONS FROM YOUR DOCTOR'S OFFICE. YOU MUST HAVE RIDE HOME WITH A RESPONSIBLE ADULT, YOU CAN USE A TAXI WITH A RESPONSIBLE ADULT (NOT TAXI DRIVER) ALLOWED. DO NOT BRING MONEY, JEWELRY, OR VALUABLES WITH YOU. PLEASE BRING THIS FORM FILLED OUT AND INSURANCE CARDS THE DAY OF YOUR PROCEDURE.

\*\*PERSON DRIVING YOU HOME: \_\_\_\_\_

\*\*PHONE NUMBER OF PERSON DRIVING YOU HOME: \_\_\_\_\_

<u>PERSONAL MEDICAL HISTORY (SELF)</u>	YES	NO	IF YES, PLEASE EXPLAIN. (YEAR ALSO)
Heart Attacks, Angina, Murmur, Valve replacement, Implanted pacemaker or defibrillator.			
High Blood Pressure			
Anemia, Bleeding or Clotting problems			
Breathing or Lung Problems			
Sleep Apnea			
Seizures or Strokes			
Hepatitis, Liver or Kidney Disease			
Cancer			
Diabetes			
Thyroid Problems			
Arthritis, Limited Movement, Pain			
Diarrhea/Constipation			
Trouble Swallowing, Heartburn			
Smoke or drink Alcohol (Amount)			
Recreational Drugs (Type & Amount)			
Pregnant or nursing			
Other Medical Problems			

Height \_\_\_\_\_ Weight \_\_\_\_\_ Loss of more than 5 pounds in the last month? (Y/N) \_\_



**HOME MEDICATION LIST  
FOR PROCEDURES ONLY**

Allergies: \_\_\_\_\_

Pre Admission Testing (PAT) Medication	Route	Dose	Frequency	Pre-Procedure Nurse Review		Comments
				Last Dose Date	Last Dose Time	

Patients Pharmacy: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Source of Information:  Patient/family     Skilled Nursing     Medical Record     Unable to obtain  
 History and Physical less than thirty days     Other \_\_\_\_\_

PAT Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Pre Op Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Home Medication List has been updated within twenty-four hours (24) or day of procedure:**

\_\_\_\_\_  
Physician/NPA/PA Signature      Printed Name      Beeper      Date      Time



Patient Label

### CONSENT for MEDICAL, SURGICAL and DIAGNOSTIC PROCEDURES

We would like you to receive all the information you need to make the best decisions about your healthcare while you are at MetroWest Medical Center. You have a right to be informed about the nature and purpose of the proposed procedure(s), risks, benefits of the procedure and alternatives, including no treatment. You also have the right to be informed when practitioners other than your doctor will perform important parts of the procedure(s) and who will be present during the procedure. The informed consent document summarizes the important pieces of information that your doctor has discussed with you in detail.

Name of the Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of the Procedure \_\_\_\_\_

Name of the Physician Performing the Procedure: \_\_\_\_\_

Major risks to the proposed treatment include but are not limited to: \_\_\_\_\_

Alternatives to the proposed treatment include but are not limited to: \_\_\_\_\_

Further information may be appended in the Addendum on the other side of this page.

Practitioners other than your doctor who may be present include:

\_\_\_ Assistant Surgeon \_\_\_ Resident/Fellow \_\_\_ Physician Assistant \_\_\_ Nurse First Assistant \_\_\_ Nurse Midwife \_\_\_ Other

If deemed necessary by my physician, I authorize the administration of blood or blood products. I have been made aware of the risks and consequences that can be associated with transfusions of blood products as described in the Addendum on the other side of this page. I understand that there may be alternatives to allogenic (blood bank) blood transfusion and that each of these alternatives has its own risk.

- If applicable I authorize the administration of Moderate Sedation. I have been made aware of the expected results (reduced anxiety and pain, partial or total amnesia), risks (an unconscious state, depressed breathing, impaired consciousness, aspiration pneumonia), and technique (drug injected into blood stream to provide relaxation).

The anticipated benefits, material risks and alternative therapies have been explained to me. I understand that all procedures involve some risk. I have been reasonably and adequately informed of the risks of the procedure and no promise or guarantee of a specific result has been made to me. In signing this document, I acknowledge that I have read this document and understand its content. The physician signing this document has fully explained the content of this document and answered all of my questions to my satisfaction. If an interpreter was present, the content of the document and the conversation with the physician were translated to my satisfaction. Therefore, I consent to having the stated procedure performed. I also consent to the disposal of any tissue removed during this procedure.

Patient's Signature: \_\_\_\_\_

If Patient is unable to sign, state reason: \_\_\_\_\_

Person Signing on Behalf of Patient & Legal Relationship: \_\_\_\_\_

Interpreter's Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Consent Date: \_\_\_\_\_ Time: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

*Sample to read only.*

CONSENT for MEDICAL, SURGICAL and DIAGNOSTIC PROCEDURES	
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ADDENDUM

Page 2 of 2

*Sample  
to read only.  
Formal review and  
signature will be  
done at the hospital  
with your physician*

**Risks of transfusion of blood products:**

- Recipients of any blood product may produce antibodies against donor blood. This condition can result in an inadequate response to transfusion and possible kidney failure.
- Allergic reactions, fever, chills, and circulatory overload may occur.
- Infectious diseases due to bacteria, viruses, or other agents may be transmitted via transfusion.
- Acute lung injury may occur rarely from plasma/platelet transfusions.
- Fatal reactions may occur with transfusions.