Welcome

At Benefis Gastroenterology, our mission is to serve you with comprehensive, personalized, effective gastrointestinal treatment, and to promote your ongoing health and wellness.

The following forms are attached; please fill them out and bring them with you on the day of your procedure.

- Health History
- Current Medication List

Your procedure is scheduled for: _______________.

Date

Please arrive at ______________ a.m. / p.m.

Time

Your provider is ______________________.

Procedure Location:

Benefis Endoscopy
2nd Floor, North Tower
Benefis East Campus
1101 26th Street South
Great Falls, MT 59405

If you need to cancel or reschedule your procedure, please notify us as soon as possible by calling (406) 731-8384.
Preparing for Your Esophageal Manometry Test

Please carefully follow the preparation instructions, which are necessary for the safety of your procedure. If you have any questions, please call (406) 731-8860 and ask to speak to a nurse.

One Week Before Your Procedure

Contact your insurance company to determine if pre-authorization is required. Do not assume your procedure is automatically covered. You may still be responsible for a deductible or copayment.

The Day of Your Procedure

Do not eat food after midnight the night before your procedure.

Stop taking anything by mouth 4 hours before the procedure, except for your usual medication with only tiny sips of water.

You may take only essential medications. Do not take blood thinners or diabetic medication.

Drink only clear liquids. Consumption of anything other than clear liquids will impair the quality and safety of your endoscopy.

• Clear liquids include water, coffee and tea with no cream/milk, clear fruit juice, clear soda, Gatorade and Jell-O, but nothing RED or PURPLE.

Remove all body piercings located above the neck prior to arriving for your procedure.

After Your Procedure

You will not be sedated and can drive yourself to and from the procedure.
General Information

What is an esophageal manometry test?
The esophageal manometry test examines the muscle functions of the esophagus (swallowing tube) and measures the strength of the valve between the esophagus and the stomach. It is performed by passing a small catheter (tube) through your nose into your stomach.

The test consists of pulling the catheter back slowly through the esophagus, and performing swallows of water — you will be asked to control your swallowing and to swallow only when instructed. The test takes about 30 minutes.

Additional Resources

Benefis Financial Counselors
(406) 455-3535

Benefis Medical Records
(406) 455-5642

Benefis Native American Welcoming Center
(406) 455-5197
Name: ____________________________ Age:_________

Primary Provider:_______________________ Date:_________

Reason for your visit today:_____________________________

**Circle Problems You are Having**

- Weight gain, weight loss, fatigue, fever, night sweats
- Poor vision, eye pain, red eyes
- Hearing loss, sore throat, hoarseness, dentures, loud snoring
- Chest pain, heart murmur, heart valve, ankle swelling
- Shortness of breath, wheezing, coughing, sleep apnea
- Abdominal pain, loss of appetite, trouble swallowing, indigestion, heartburn, liver problem, constipation, diarrhea, change in bowel movements, nausea, vomiting, rectal bleeding, hemorrhoids, bloating, vomited blood
- Painful urination, frequent urination, urination at night, blood in urine, kidney stones
- Arthritis, back pain, artificial joint
- Rash, hives, breast lump
- Headaches, dizziness, weakness, seizures, numbness or tingling, change in speech
- Anxiety, depression, mood change, difficulty sleeping, crying spells, memory loss
- Thyroid trouble, diabetes
- Anemia, increased bleeding/bruising, enlarged glands

List Medication Allergies
1. ____________________ 3. ____________________
2. ____________________ 4. ____________________

Previous reaction to anesthetic or sedative?  Yes  No

**List Operations and Approximate Year**

1. ______________________________________
2. ______________________________________
3. ______________________________________
4. ______________________________________
5. ______________________________________

**List Other Diseases and Illnesses**

1. ______________________________________
2. ______________________________________
3. ______________________________________
4. ______________________________________

**List Medications (Include vitamins and supplements.)**

1. ____________________ 5. ____________________
2. ____________________ 6. ____________________
3. ____________________ 7. ____________________
4. ____________________ 8. ____________________

Have you recently used aspirin, Anacin, Alka-Seltzer, Bufferin, Excedrin, Vanquish or arthritis medications such as Advil, Motrin, Nuprin, or Aleve?
  - Yes  No

Do you take antibiotics for dental work or because of a heart murmur?
  - Yes  No

**Social History**

- Single  Married  Divorced  Separated  Widowed
- Occupation:____________________________________
- Employer:_____________________________________
- Hobbies:______________________________________
- Who lives with you?:______________________________

**Family Health (List Illnesses. If no longer living indicate age and cause of death.)**

- Father:_____________________________________
- Mother:_____________________________________
- Brothers:____________________________________
- Sisters:_____________________________________
- Children:____________________________________
- Other relatives:________________________________

**Family Health (Indicate which relatives have the conditions.)**

- Colon Cancer:________________________________
- Colon Polyps:________________________________
- Gallstones:___________________________________
- Pancreatitis:__________________________________
- Liver Disease:________________________________
- Colitis or Chron’s Disease:_______________________

**Provider Comments - ROS (Level 3 = 2-9 areas, Level 4/5 = 10+ areas)**

- Smoking  Yes  No  Packs/day:___ Years smoked:_____
- Drinking  Yes  No  Drinks/day:____________
- Last menstrual period (women):____________________
- Recent travel:__________________________________

☐ All other systems negative

Provider Signature  Date

**Date Reviewed/Updated**

- Date  Initial
- Date  Initial
- Date  Initial
- Date  Initial

Benefis Gastroenterology: (406) 731-8384  I  benefis.org