



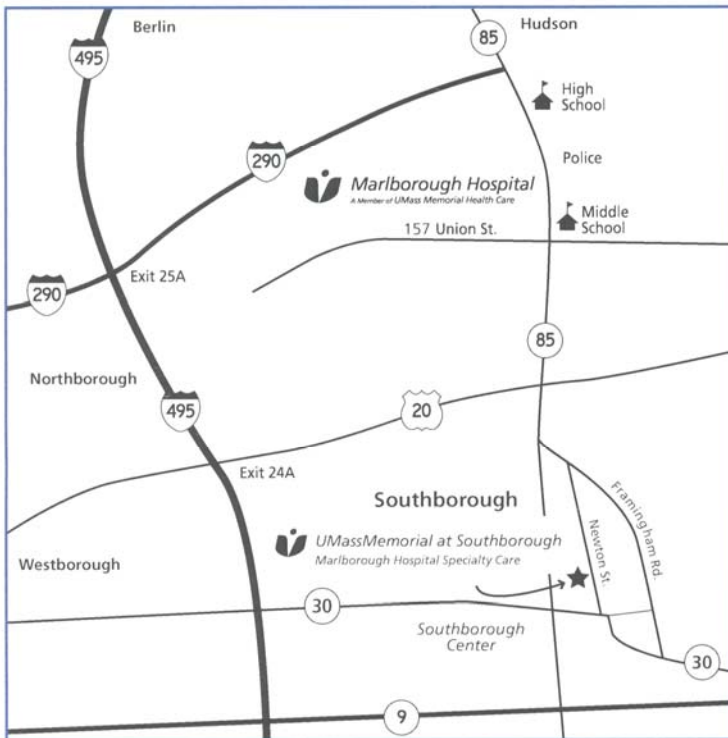
UMassMemorial at Southborough

Marlborough Hospital Specialty Care

28 Newton Street, Southborough, MA 01772

Main Telephone: 508-597-7055

Now open!



Building Directions:

(From the 28 Newton Street entrance
– look for the blue awning)

First Floor

MedWorks

Go through double door entrance, travel past the stairway and take right. MedWorks is straight ahead of you.

Telephone: 508-597-2222

Endoscopy Center

Telephone: 508-597-2233

Second Floor

Specialty Physician Services

Telephone: 508-597-2550

Women's Imaging Center - Coming soon!

Appointments: 508-486-5566

Mass Pike from the East (Boston):

Take exit 12 and use ramp to Route 9 West. Follow directions below: "From Route 9 from the East (Framingham/Boston)."

Mass Pike from the West (Millbury/Sturbridge):

Take exit 12 and use ramp to Route 9 West. Follow directions below: "From Route 9 from the West (Worcester)."

Route 495:

Take Route 9 East exit and follow directions below: "From Route 9 from the West (Worcester)."

From Hudson:

Follow Route 85 South toward Marlborough Hospital and follow directions below: "From Marlborough Hospital."

Route 9 from the West (Worcester):

Follow Route 9 East to just East of Route 495. Take Route 85 North (Southborough/Marlborough). Go right at first set of lights onto Route 30. After railroad tracks, take left onto Newton Street. UMass Memorial at Southborough is about 1/4 mile on the left, just after the entrance to Southboro Medical Group.

Route 9 from the East (Framingham/Boston):

Follow Route 9 West beyond Mass Turnpike entrance. At lights at Sheraton Tara Hotel (on the right), move into left lane. Immediately after lights, take ramp on left (Southborough sign). Follow Route 30, going over causeway. Take left at lights to "downtown" Southborough. Route 30 goes to the left (note Marlborough Savings Bank on right). Do not go left on Route 30. Instead, go straight onto Newton Street. UMass Memorial at Southborough is about 1/4 mile on the left, just after the entrance to Southboro Medical Group.

From Marlborough Hospital:

Turn left out of front parking lot onto Union Street. At traffic light turn right (Bolton Street/Route 85 South). Travel 2.6 miles (through 6 traffic lights). Stay slightly left at 6th traffic light. Immediately after 6th light take a right onto Newton Street. Travel

GREATER BOSTON GASTROENTEROLOGY

Phone: (508) 620-9200

PRE-PROCEDURE ASSESSMENT

Procedure: _____

You must have a ride home with a responsible adult.

Please review the instructions from your doctor’s office. **You must have a ride home with a responsible adult** or taxi ride with a responsible adult. (Not just the taxi driver.) Bring this completed form and your insurance card with you. Now is the time to verify with your insurance company if you have a co-pay. If you must pay an insurance co-pay prior to your procedure, please bring your preferred method of payment and have your driver hold any remaining papers or cards. Do not bring jewelry or valuables to the hospital with you.

Name of the person driving you home: _____

Driver’s relationship to you: _____

Where will your ride be waiting? _____ in waiting room
 _____ on cell phone. The cell number is: _____
 _____ at home or work. The number is: _____

<u>Personal Medical History</u>	<u>NO</u>	<u>YES</u>	<u>If Yes, Explain and state year</u>
Heart or heart valve issues			
Hypertension (high blood pressure)			
Angina (chest pain)			
CVA (stroke)			
Seizures			
Sleep apnea (stops breathing while sleeping)			
Arthritis			
Kidney issues			
Liver issues			
Anemia (low blood count)			
Sickle cell anemia			
Bleeding or clotting issues			
Digestive (reflux, heartburn, trouble swallowing)			
Hepatitis			
Pacemaker or Pacemaker Defibrillator			
Dyspnea (difficulty breathing)			
Diabetes			
Cancer			
Asthma			
Thyroid Issues			
Immune System issues			
Diarrhea			
Constipation			
Smoking history			how many packs per day____ how many years____
If <i>former</i> smoker, how many packs per day____			For how many years____ Date of quitting_____
Alcohol use			Type & amount
Recreation drug use			Type & amount
Any unintentional weight loss in the past month?			How much? ____lbs.

Height _____ feet _____ inches weight _____ pounds

Have you had any problem with anesthesia or sedation in the past? _____ NO _____ YES, EXPLAIN _____
