

PLEASE FILL OUT **ALL AREAS**. DO NOT LEAVE BLANK.

<b>Name:</b>	<b>Date:</b>
<b>Reason for Visit:</b>	
<b>Have you been treated by another gastroenterologist? Y N</b>	
<b>If so, who?</b>	<b>When?</b>
<b>Reason for changing gastroenterologists?</b>	

**Past Medical History: Have you had:**

Diabetes	Y	N
Heart Disease	Y	N
High Blood Pressure	Y	N
Stroke	Y	N
TB	Y	N
Cancer	Y	N
If yes, type _____		
H. Pylori infection	Y	N
Ulcer	Y	N
Hemorrhoids	Y	N
Hepatitis A, B, C	Y	N
Jaundice	Y	N
GI Bleeding	Y	N
Blood Transfusion	Y	N

**Are you allergic to any medication?**

\_\_\_\_\_

If yes, which medications:

\_\_\_\_\_

\_\_\_\_\_

**Do you smoke? Y N**

How many cigarettes per day?

How long have you smoked?

**Do you drink alcoholic beverages?**

Never

Less than once a week

Estimate how much? (---Glasses, ---bottles)

Type of beverages?

How long have you been drinking?

**Do you use any illicit drugs? Y N**

If yes, what type? \_\_\_\_\_

\_\_\_\_\_

**Other Medical Problems / Conditions:**

Please list:

**Past Surgical History:**

\_\_\_\_\_

\_\_\_\_\_

MEDICATION	DOSAGE	FREQUENCY	REASON FOR TAKING	DATE STARTED

**Please list any medications you are currently taking:**

\_\_\_\_\_

\_\_\_\_\_

**Review of Systems: Do you have any of the Following:**

Skin lesions	Y	N
Eye trouble	Y	N
Recent weight changes	Y	N
Sleeping troubles	Y	N
Fever	Y	N
Nose bleeds	Y	N
Enlarged glands	Y	N
Palpitations	Y	N
Chest pain	Y	N
Chills	Y	N

**FAMILY History: Have any blood relatives had: Relations?**

Colon Cancer	Y/N	-----
Colon polyps	Y/N	-----
Gastric cancer	Y/N	-----
Pancreatic Cancer	Y/N	-----
Uterine cancer	Y/N	-----
Ovarian cancer	Y/N	-----
Kidney cancer	Y/N	-----
Ureter/bladder cancer	Y/N	-----
Gall bladder cancer	Y/N	-----
Breast Cancer	Y/N	-----

Shortness of breath	Y	N
Spitting up blood	Y	N
Phlegm	Y	N
Cough	Y	N
Blood with urination	Y	N
Frequent urination	Y	N
Pain on urination	Y	N
Headaches	Y	N
Dizziness	Y	N
Joint pain	Y	N

Thyroid cancer	Y/N -----
Parathyroid cancer	Y/N -----
Liver cancer or disease	Y/N -----
H.Pylori infection	Y/N -----
Heart disease	Y/N -----
Diabetes	Y/N -----
Genetic disorders	Y/N -----
Blood clot disorder	Y/N -----