

Name: _____ DOB: ____/____/____ Age: _____ Phone: _____ S / M / D / Sep / W

Referred by Dr: _____ Today's date: _____ Appt date: _____

Medication List:

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

10 _____

11 _____

12 _____

13 _____

14 _____

15 _____

Vitamins & Herbal Medicines List:

1 _____

2 _____

3 _____

4 _____

5 _____

Personal Medical History:

History of cancer _____

Heart disease (ASCVD) _____

High blood pressure (HTN) _____

Stroke (CVA) _____

Emphysema (COPD) _____

Diabetes Type I or II _____

Enlarged prostate (BPH) _____

Congestive heart failure (CHF) _____

Mitral valve prolapse (MVP) _____

Heart attack (MI) _____

Degenerative joint disease _____

Blood clots (DVT) _____

Asthma _____

High Cholesterol _____

Kidney disease _____

Osteoarthritis _____

Rheumatoid arthritis _____

Depression _____ Stress _____

Allergies:

None _____

Penicillin _____

Codeine _____

Sulfa _____

Aspirin _____

Versed _____

Demerol _____

Latex _____

Other: _____

Last Colonoscopy

Year _____

By Dr. _____

Polyp? _____

Last EGD

Year _____

By Dr. _____

Smoker:

Yes _____

Pack per day _____

No _____

Quit _____

Smoked for # _____ yrs

Alcohol:

Yes _____ Socially _____

No _____

In remission _____

Number of years _____

Caffeine:

Cups Per Day _____

Regular _____

Decaf _____

IV Drug Use:

Yes _____

No _____

Past use _____

Street Drugs:

Yes _____

No _____

Past use _____

Tattoos: _____

Symptoms:

Chest pain _____

Epigastric pain _____

Back pain _____

Difficulty Swallowing _____

Heartburn _____

Abdominal pain _____

Nausea and vomiting _____

Gas pain and bloating _____

Diarrhea _____

Constipation _____

Change in bowel habits _____

Weight loss _____

Weight gain _____

Anemia _____

Fatigue _____

GI or rectal bleeding _____

Incontinence _____

Laxative use _____

Hemorrhoids _____

Spicy food intolerance _____

Lactose intolerance _____

IBS or spastic bowel _____

Polyp _____

Diverticulosis _____

Ulcers _____

Hernia _____

Colitis _____

Crohn's disease _____

Abnormal liver test _____

Hepatitis C _____

Gallbladder problems _____

Pancreatitis _____

Female Past Medical Hx:

Not applicable _____

LMP: ____/____/____

Menopause _____

Post Menopause _____

Number of pregnancies _____

Number of children _____

Endometriosis _____

Hysterectomy _____

Cancer: Breast _____

Uterine _____

Ovarian _____

Surgeries: None _____

Aortic Valve Replacement _____

Pacemaker _____

Arteriogram _____ Angioplasty _____

Cardiac Cath _____ CABG _____

Exploratory Laparotomy _____

Nissen's fundoplication _____

Hernia repair _____

Colon Resection _____

Colectomy _____ Colostomy _____

Hemorrhoidectomy _____

Gastric: ____ Stapling ____ Bypass

Tummy Tuck _____ Liposuction _____

Cholecystectomy _____

Appendectomy _____

Tonsillectomy _____ Kidneystone _____

Thyroidectomy _____ Vasectomy _____

Back _____ Hip _____

Knee Replacement _____

Lung _____ Foot _____ Hand _____

Joint replacement _____

Carpal tunnel _____ Eye _____

Family Medical History:

M=mother; F=father; S=sister;
B=brother;
GM=grandmother; GF=grandfather;
A=aunt; U=uncle; C=patient's child

Cancer: Colon _____

TB _____ Emphysema _____

Stroke _____ Hernia _____

Epilepsy _____ Mental _____

Alcoholism _____ Asthma _____

Diabetes _____ Arthritis _____

Gout _____ Kidney _____

Anemia _____ Heart _____

HTN _____ Colitis _____

PUD _____ Liver _____

Pancreas _____ Crohn's Dz _____