

Reason for visit:

Referral/Primary: Date:

Do you suffer from the following symptoms NOW

- Screening for cancer, Heartburn/Reflux, Abdominal pain, Change in bowels, Difficult swallowing, Diarrhea, Constipation, Chest pain, Nausea, Vomiting, Rectal bleeding, Black tarry stools, Poor appetite, Blood in stool, Weight loss, Jaundice/Cirrhosis, Hepatitis B, Hepatitis C, Elevated Liver test

Other:

Past Medical History

- MI/Heart attack, Heart failure, Kidney Disease, Dialysis, Sleep apnea, Stroke, Asthma, Emphysema(COPD), Atrial fibrillation, Hypertension, Diabetes, High cholesterol, Thyroid disease, Anxiety-Depression, Seizure disorder, Bipolar disorder, Parkinson's disease, Pneumonia, Heart Valve Infection, Hepatitis (A, B, C), Blood disorder (Anemia), Inflammatory bowel disease, Stomach Ulcers, Gall stones, Pancreatitis, History of colon polyps, Prostate Cancer, Colon cancer, Liver cancer, Ovarian/Uterine cancer, Breast cancer, Other cancer, Prophylactic antibiotic prior to invasive procedures

Past Surgical History (year)

- Cholecystectomy/Gallbladder, Appendectomy, Hiatal hernia repair, Gastric bypass, LapBand, Gastric Sleeve, Colon surgery, Coronary Bypass surgery, Coronary artery stent, Hysterectomy, Exploratory Lap, Head/neck surgery, Thyroid surgery, Renal/Kidney, Hip surgery, Knee surgery, Spinal/Back surgery, Tonsillectomy/Adenoidectomy, Medical/Cosmetic implants, Lung surgery, Hemorrhoidectomy

ALLERGIES

MEDICATIONS:

Any Blood thinners?

- Flu vaccine - When, Pneumonia vaccine - When

RECENT TESTS- Date

- Colonoscopy, EGD/Endoscopy, CAT scan abdomen, Abdominal Ultrasound

Social History: Smoking:

- Never Smoked, Current Smoker, Former Smoker, Quit yr:

Alcohol:

- No Alcohol, Social use, Moderate use, Heavy use, Former-Heavy use

- Employed, Unemployed, Retired, Occupation:

- Single, Married, Divorced, Widow

Are you pregnant? Planning pregnancy?

Family History

- Father: History, Mother: History, Siblings: History, Children: History, Stomach cancer, Liver cancer, Uterine cancer, Esophageal/Throat cancer, Pancreatic cancer, Colon cancer, Colon Polyps, Crohn's / Ulcerative colitis, Celiac dz

Do you currently suffer from (Please Circle)

- Weight loss, Fever, Night sweats, Sore throat, Hearing loss, Sinus infections, Visual disturbance, Shortness of breath, Bloody sputum, Leg swelling, Wheezing, Chest pain, Cough, Syncope, Weakness, Bladder infection, Blood in urine, Bleeding disorder, Trouble walking, Numbness, Tremor, Joint pain, Back pain, Itching, Rash