

Patient's Name \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

Referring Physician \_\_\_\_\_

Web Document

Reason for Visit \_\_\_\_\_

Location \_\_\_\_\_ Severity (Scale 1-10) \_\_\_\_\_ Duration (How Long) \_\_\_\_\_ Timing (When it Occurs) \_\_\_\_\_

**GI SYMPTOMS**

- Abdominal Pain
- Abdominal Bloating/Gas/Belching
- Appetite Loss
- Black Stool
- Blood in Stool
- Change in Bowel Habits
- Chest Pain
- Constipation
- Diarrhea
- Difficult Swallowing
- Heartburn
- Jaundice
- Nausea & Vomiting
- Rectal Pain
- Regurgitation
- Vomiting Blood
- Weight Loss \_\_\_ lbs.
- Other \_\_\_\_\_

**GI DISEASES**

- Anemia
- Cancer of \_\_\_\_\_
- Colitis
- Colon Polyps
- Crohn's Disease
- Diverticulosis
- Diverticulitis
- Gallbladder Disease
- Gastritis
- Hemorrhoids
- Hepatitis
- Hernia, type \_\_\_\_\_
- Peptic Ulcer Disease
- Reflux Disease
- Other \_\_\_\_\_

**PAST SURGERIES**

- Aorta Bypass
- Appendectomy
- Coronary Bypass
- Gall Bladder
- Hemorrhoid
- Hernia Surgery
- Hysterectomy
- Prostate
- Urinary Surgery
- Other \_\_\_\_\_

**MEDICATIONS**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**MEDICATION Allergies** \_\_\_\_\_

**FOOD Allergies** \_\_\_\_\_

**BLOOD Transfusions** \_\_\_ Yes \_\_\_ No

**PAST MEDICAL HISTORY**

- Arthritis
- Asthma
- Bleeding Disorder
- Cancer of \_\_\_\_\_
- COPD/Emphysema
- Diabetes
- Dialysis
- Glaucoma
- Gout
- Heart Failure
- High Blood Pressure
- Migraines
- Prostate Cancer
- Seizure Disorder
- Sinusitis
- Stroke
- Thyroid Disease
- Valvular Heart Dis.
- Other \_\_\_\_\_

**FAMILY HISTORY**

- Bleeding Disorder
- Colitis
- Colon Cancer
- Colon Polyps
- Crohn's Disease
- Heart Disease
- Hepatitis
- Pancreatic Disease
- Peptic Ulcer Disease
- Other \_\_\_\_\_

**SOCIAL HISTORY**

- Tobacco: Cigarettes \_\_\_/Day Cigars \_\_\_/Day
- Snuff \_\_\_ Chew \_\_\_
- Alcohol: Type \_\_\_\_\_ Amount \_\_\_\_\_ Years \_\_\_\_\_
- Marijuana Use: \_\_\_ Yes \_\_\_ No \_\_\_ Previous
- Intravenous Drug Use: \_\_\_ Yes \_\_\_ No \_\_\_ Previous

**REVIEW OF SYSTEMS (Please Check or Circle) If any**

- Constitutional  Black out spell  Dizziness  Fatigue  Fever  Weakness
- HEENT  Blurred Vision  Hearing Loss  Hoarseness  Ringing in Ears  Sore Throat  Vision Loss
- Respiratory  Bloody Phlegm/Sputum  Cough  Trouble Breathing  Wheezing
- Cardiovascular  Ankle Swelling  Chest Pain  Irregular Heartbeat  Leg Pain with walking
- Urinary Tract  Blood in Urine  Burning on Urination  Frequency  Hesitation  Urgency/Incontinence
- Male Only  Prostate Problems  Impotence
- Female Only  Menstrual Problems  Abnormal Vaginal Bleeding  Menopausal Symptoms  Breast Lumps/Discharge
- Musculoskeletal  Joint Pain or Swelling  Back Pain  Muscle Pain
- Skin  Itching  Rash
- Neurology  Headaches  Muscle Weakness  Numbness
- Psychiatric  Agitation  Anxiety  Confusion  Depression  Difficult Sleeping  Memory Loss
- Endocrine  Heat or cold intolerance  Excessive Thirst or Urination
- Hematology/Lymph  Excessive Bruising  Free Bleeding  Swollen Glands

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewed history recorded by patient

Web Document