GI Care Center

Date: _____

Patient Name: _____ Date of Birth: _____

Referring physician: _____

Current medical problem or reason for today's visit:

_____

List all your current medications and their dosages (include any over-the-counter medications):

_____

_____

_____

___

Have you ever had any of the following endoscopic procedures (lighted tube passed into your mouth or rectum in order to look at your digestive tract): If yes, what were the results:

[ ] EGD/Upper Endoscopy (stomach, esophagus, small intestine) [ ] ERCP (bile duct, pancreas)
[ ] Colonoscopy (complete colon exam) [ ] Sigmoidoscopy (short colon exam)
Results: _____

Have you ever had any of the following diagnostic exams/x-ray exams: If yes, what were the results:

[ ] CT scan [ ] Ultrasound
[ ] Barium enema [ ] Upper G.I.
[ ] HIDA scan [ ] Small bowel follow through
[ ] Esophageal manometry [ ] 24hr ph monitoring
Results: _____

Have you ever received a blood transfusion: []Yes []No If yes, date and reason for transfusion: _____

Have you ever or do you currently smoke: []Yes []No If yes, packs per day: _____ Date you quit: _____

Do you drink alcohol: []Yes []No If yes, amount per week: _____

List any known allergies: [] No known allergies

___

Check below any medical problems that run in your family and indicate family member to whom the condition applies:
[] Colon cancer_____ [] Ulcers_____
[] Polyps_____ [] Alcoholism_____
[] Liver disease (including cirrhosis)_____ [] Diabetes_____
[] Heart disease_____ [] Cardiac arrest _____ [] Cancer (type):_____
[] Other: _____

Check below any medical problems/illness that you currently have or have had in the past:
[] Heart disease
[] Emphysema
[] Kidney disease
[] Seizures
[] Pancreatitis
[] Yellow jaundice
[] Weight gain
[] High blood pressure
[] Black lung or other lung disease
[] Other: _____
_____
[] Arthritis
[] Cancer (type) _____
[] Cirrhosis
[] Ulcers
[] Tuberculosis
[] Diabetes
[] Stroke
[] Hepatitis

Check below any surgeries you have had and indicate where performed:
[] Gallbladder _____
[] Pancreas _____
[] Esophagus_____
[] Stomach or ulcer _____
[] Liver or bile duct_____
[] Colon/rectum_____
[] Small intestine_____
[] Exploratory_____
[] Gynecologic_____
[] Other_____