

ASSOCIATES IN GASTROENTEROLOGY

HEALTH HISTORY

Name: _____

Address: _____

Home Phone _____

Work Phone _____

Acct. # _____

DOB: _____

REF PHYS: _____

PCP: _____

DATE: _____

What is Your Chief Complaint?

Check off any abdominal problems or symptoms

- ☐ Nausea or vomiting
- ☐ Abdominal distension
- ☐ Diarrhea
- ☐ Constipation
- ☐ Difficult or painful swallowing
- ☐ Bloating or excessive gas
- ☐ Heartburn
- ☐ Chest pain
- ☐ Abdominal pain
- ☐ Vomiting blood
- ☐ Black or tarry stools
- ☐ Hemorrhoids
- ☐ Hepatitis, yellow jaundice or cirrhosis
- ☐ Ulcers
- ☐ Gallstones
- ☐ Pancreatitis
- ☐ Ulcerative Colitis or Crohn's disease
- ☐ Colon Polyps
- ☐ Irritable bowel syndrome
- ☐ Cancer _____ (site)

Have you ever had? _____ When? _____

- ☐ Upper GI series _____
- ☐ Barium enema _____
- ☐ Ultrasound of abdomen _____
- ☐ CT scan abdomen _____
- ☐ MRI of abdomen _____
- ☐ Endoscopy _____
- ☐ Sigmoidoscopy _____
- ☐ Colonoscopy _____
- ☐ ERCP _____
- ☐ Esophageal manometry _____
- ☐ Anorectal manometry _____
- ☐ Gastric Emptying scan _____
- ☐ Blood transfusion _____

Are you being treated now or have you ever been treated for any illnesses? Please list them:

1. _____
2. _____
3. _____
4. _____
5. _____

Have you had any operations or injuries?

1. _____
2. _____
3. _____
4. _____
5. _____

What medicines do you currently take, including "over-the-counter" medicines and herbs:

Name Dose Times per day

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Are you allergic to any medications?

What reaction did you have?

1. _____
2. _____
3. _____

Tell us about yourself:

Occupation: _____

Marital status: S M W D

With whom do you live? _____

Do you smoke? How many packs/day? _____

How long? _____

How much alcohol do you drink? _____

Do you take any drugs? _____

Do you have sex with men, women, both or neither?

Have any close family members (parents, brothers, sisters, children) had any of the following health problems?

- ☐ Ulcers
- ☐ Cancer _____ (Location)
- ☐ Inflammatory bowel disease
- ☐ Liver disease or cirrhosis
- ☐ Colon polyp