

GASTROENTEROLOGY AND HEPATOLOGY

INITIAL VISIT

Date of Visit: _____

Patient Name: _____

Date of Birth: _____

Primary Care Provider/Physician: _____

Occupation: _____ If retired, former occupation: _____

Allergies: None
 Yes (Food Medication Dust/Pollen)
If yes, please list: _____

Do you smoke?: No Quit Yes (How much: _____ packs/day)

Do you drink?: No Quit Yes (How much: _____ drinks/day)

Do you use drugs? No Quit Yes (What and how much: _____)

Are there any medical problems that “run” in your family?

If yes, please list both the problems and who had them (e.g. father, sister, etc.):

Have you ever had surgery: None

Yes

If yes, please list: _____

Please list ALL of your medications (both prescription and over-the-counter):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

GASTROENTEROLOGY

Please check the boxes if you currently have any of the following symptoms:

Constitutional

- Fevers
- Night sweats
- Weight loss

Eyes, Head and Neck

- Difficulty seeing or other visual change
- Dry eyes or mouth
- Sore throat
- Hearing difficulty
- Ringing in ears
- Nasal congestion
- Nosebleeds
- Sinus pain
- Loss of smell

Respiratory

- Cough
- Sputum/Phlegm Production
- Blood in Sputum/phlegm
- Difficulty breathing with rest or activity
- Wheezing
- Loud Snoring
- Inability to sleep

Cardiac

- Chest Pain or discomfort
- Palpitations
- Shortness of breath while lying in bed
- Pain or cramping in legs
- "Poor" circulation

Neurologic

- Arm or leg weakness
- Blurred vision/double vision
- Headache
- Unsteady gait

Urinary

- Blood in urine
- Sexual difficulty
- Difficulty urinating
- Pain or burning with urination
- Awakening at night to urinate

Psychiatric

- Forgetfulness
- Attention span much worse than usual
- Anxious/Nervous feelings
- Depressed feelings
- Crying Spells
- Problems controlling your temper
- Feeling angry/irritable most of the time

Endocrine

- Feeling hot or cold all of the time
- Weight gain or loss in the past year
- Hoarseness or change in voice
- Increased urinary frequency
- Excessive thirst

Skin/Breast

- Breast pain/swelling/mass/dimple
- Rash
- Hives

Musculoskeletal

- Joint pain or swelling
- Muscle weakness
- Fractures
- Known osteoporosis/osteopenia

Hematologic

- Easy bruising
- Easy/frequent bleeding
- Known anemia or blood disorder

Other

Doctor's Signature and date