UNITED GASTROENTEROLOGISTS

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Patient Interview Form

Patient Information

First Name:________________________ Last Name:________________________

Date Of Birth:________________________

Email

Personal:________________________

Contact Preference

- Home Phone
- Cell phone
- Email
- Patient declines to specify

Sex

- Male
- Female
- Other

Race

Select one or more

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Unknown
- Patient declines to specify

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino
- Patient declines to specify

Preferred Language

- English
- Korean
- Spanish; Castilian
- Patient declines to specify

Allergies

- Patient has no known allergies
- Patient has no known drug allergies

- Penicillins
- Aspirin
- Vicodin
- Codeine Sulfate
- Propofol Analogues
- Sulfa (Sulfonamide Antibiotics)
- Versed
- Iodine And Iodide Containing Products

Other:______________

Current Medications

- ☐ None

Name	Dose	How taken?

Past or Present Medical Conditions

- ☐ None

☐ Acid reflux	☐ Barrett's Esophagus	☐ Celiac disease	☐ Colon cancer	☐ Colon polyps
☐ Crohn's Disease	☐ Diverticulosis	☐ Fissure (anal)	☐ Hemorrhoids	☐ Hepatitis
☐ Irritable bowel syndrome	☐ Liver disease	☐ Stomach ulcer	☐ Ulcerative colitis	☐ Anemia
☐ Anxiety disorder	☐ Arthritis	☐ Asthma	☐ Cardiac Stents	☐ Cancer
☐ Pacemaker/ defibrillator	☐ Heart Disease	☐ Depression	☐ Diabetes	☐ Fibromyalgia
☐ High cholesterol	☐ High blood pressure	☐ Kidney disease	☐ Sleep apnea	☐ Stroke
☐ Hyperthyroidism	☐ Hypothyroidism	☐ Taking blood thinners	☐ Hernia	Other:______________
☐ Do you know of any Children who would benefit from seeing a Pediatric Gastroenterologist?				

Previous Procedures

- ☐ None

☐ Appendectomy	☐ Cardiac stent placement	☐ Colon, Bowel Resection	☐ Gastric Bypass	☐ Cholecystectomy
☐ Hysterectomy	☐ Heart valve replacement	☐ Joint replacement	☐ Lap Band	Other:______________

Diagnostic Studies/Tests

- ☐ None

☐ Colonoscopy When:______________	☐ Upper endoscopy (EGD) When:______________	☐ Other Recent Imaging/Labs When:______________	Other:______________

Social History

Occupation:______________________________________ Number of Children:________________________________

Marital Status

☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Alcohol

- ☐ None

- ○ Less than 7 drinks weekly, and no more than 3 drinks on any 1 occasion
- ○ More than 7 drinks weekly, and/or more than 3 drinks on any 1 occasion
- ○ Less than 14 drinks weekly and no more than 4 drinks on any 1 occasion
- ○ More than 14 drinks weekly and/or more than 4 drinks on any 1 occasion
- ○ Former alcohol abuse, now sober

Tobacco

Smoking Status

- ○ Current every day smoker
- ○ Current some day smoker
- ○ Former smoker
- ○ Never smoker
- ○ Smoker, current status unknown
- ○ Light tobacco smoker
- ○ Heavy tobacco smoker
- ○ Unknown if ever smoked

Drug Use

- ○ None
- ○ Past use of drugs
- ○ Current use of drugs

Type:____

Family Medical History

- ○ No knowledge of family history

No family history of

- ○ Colon cancer
- ○ Gastrointestinal cancer

Diagnoses	Mother	Father	Sister	Brother	Daughter	Daughter	Son	Son	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather	Aunt	Uncle	First Cousin	Other
Celiac Disease	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Colon Cancer	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Breast Cancer	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Crohn's Disease	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Colon Polyps	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Diabetes	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Esophageal Cancer	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Ovarian Cancer	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Pancreatic Cancer	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Gastric Cancer	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Small Bowel Cancer	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Uterine Cancer	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Ulcerative Colitis	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Brain Cancer	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Hypertension/High Blood Pressure	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Kidney Cancer	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Fam hx malig gi tract	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Other:	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

Review Of Systems

Gastrointestinal

- [ ] None (Y / N)
- abdominal pain
- abdominal distention, bloating
- nighttime awakening from abdominal pain
- abnormal bowel movements
- diarrhea
- constipation
- loose stools
- recent changes in bowel habits
- bloody diarrhea
- rectal bleeding
- black, tarry stools
- rectal pain
- fecal incontinence
- heartburn
- nausea
- vomiting
- belching
- vomiting blood
- gas

Allergic/Immunologic

- [ ] None (Y / N)
- persistent infections

Cardiovascular

- [ ] None (Y / N)
- chest pain
- irregular heart beat
- syncope
- heart murmur

Constitutional

- [ ] None (Y / N)
- fatigue
- fever
- Chills
- sweats
- loss of appetite
- weight loss

ENMT

- [ ] None (Y / N)
- difficulty swallowing
- dizziness
- sinus pain
- Ringing of the ears
- hoarseness
- neck swelling

Endocrine

- [ ] None (Y / N)
- excessive thirst
- heat intolerance
- cold intolerence
- excessive urination

Eyes

- [ ] None (Y / N)
- yellowing of eyes
- redness of eyes

Genitourinary

- [ ] None (Y / N)
- dark urine
- dysuria
- frequent urination
- urinary incontinence
- urgency
- heavy menstrual periods

Hematologic/Lymphatic

- [ ] None (Y / N)
- easy bruising
- prolonged bleeding
- swollen lymph nodes
- recent anemia

Integumentary

- [ ] None (Y / N)
- itching
- yellowing of skin
- lesions
- rashes

Musculoskeletal

- [ ] None (Y / N)
- arthritis
- back pain
- joint pain
- stiffness
- swelling

Neurological

- [ ] None (Y / N)
- dizziness
- seizures
- confusion

Psychiatric

- [ ] None (Y / N)
- anxiety
- depression
- nervousness
- agitation

Respiratory

- [ ] None (Y / N)
- cough
- shortness of breath
- wheezing

Pharmacy

Name	Address	Phone

Consent to Import Medication History

I consent to obtaining a history of my medications purchased at pharmacies.

- [ ] Yes
- [ ] No

Reminder Preference

I would like to receive preventive care and follow up care reminders.

- Yes
- No

Reviewed with

- Patient
- Parent
- Guardian
- Not Present

Signature

Signature Date