Gastroenterology & Hepatology
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Patient Interview Form

Patient Information

First Name:_____ Last Name:_____

Date Of Birth:_____ Age:_____

Race

- ☐ White/Caucasian
- ☐ Black or African American
- ☐ Asian
- ☐ Hispanic or Latino
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Mixed
- ☐ Other
- ☐ Unknown
- ☐ Patient declines to provide information
- ☐ Prohibited by state law

Ethnicity

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Patient declines to provide information
- ☐ Prohibited by state law

Preferred Language

- ☐ English

Other:_____

Contact Preference

Other:_____

Allergies

- ☐ Patient has no known allergies
- ☐ Patient has no known drug allergies
- ☐ Latex
- ☐ eggs

Other:_____

Immunizations

- ☐ None
- ☐ Hep B When:_____
- ☐ Hep A When:_____
- ☐ PPD When:_____

Other:_____

Diagnostic Studies/Tests

- ☐ None
- ☐ Colonoscopy When:_____
- ☐ Endoscopy When:_____
- ☐ ERCP When:_____
- ☐ CT Scan When:_____
- ☐ Sonogram When:_____
- ☐ MRI When:_____
- ☐ Blood Tests When:_____

Previous Procedures

- ☐ None

- [ ] Appendectomy When:_____
- [ ] Cardiac Stents When:_____
- [ ] Cataracts When:_____
- [ ] Colon Resection When:_____
- [ ] C-Section When:_____
- [ ] Gallbladder removed When:_____
- [ ] Heart Surgery When:_____
- [ ] Hernia Repair When:_____
- [ ] Hysterectomy When:_____
- [ ] Joint replacement When:_____
- [ ] Tonsillectomy When:_____
- [ ] Tubal Ligation When:_____
- [ ] Vasectomy When:_____
- [ ] Weight Loss Surgery When:_____

Past or Present Medical Conditions

- [ ] None

- [ ] Anemia When:_____
- [ ] Anxiety disorder When:_____
- [ ] Arthritis When:_____
- [ ] Asthma When:_____
- [ ] Barrett's Esophagus When:_____
- [ ] Breast cancer When:_____
- [ ] Celiac Sprue When:_____
- [ ] Chest Pain When:_____
- [ ] Cirrhosis When:_____
- [ ] Colon cancer When:_____
- [ ] Colon polyps When:_____
- [ ] C.O.P.D. When:_____
- [ ] Crohn's Disease When:_____
- [ ] Defibrilator When:_____
- [ ] Depression When:_____
- [ ] Diabetes Mellitus When:_____
- [ ] Diverticular Disease When:_____
- [ ] Esophageal Cancer When:_____
- [ ] Gallstones When:_____
- [ ] Glaucoma When:_____
- [ ] Heart Attack _____(date) When:_____
- [ ] Heart Disease When:_____
- [ ] Heartburn/Reflux When:_____
- [ ] Hepatitis _____ (type) When:_____
- [ ] Hiatal hernia When:_____
- [ ] High blood pressure When:_____
- [ ] High Cholesterol When:_____
- [ ] Irritable Bowel Syndrome When:_____
- [ ] Kidney disease When:_____
- [ ] Pace Maker When:_____
- [ ] Pancreatitis When:_____
- [ ] Sleep apnea When:_____
- [ ] Stroke / TIA When:_____
- [ ] Thyroid disease When:_____
- [ ] Ulcerative Colitis When:_____
- [ ] Ulcers When:_____
- [ ] Bleeding Disorder When:_____
- [ ] Prosate Cancer When:_____
- [ ] Difficulty Swallowing When:_____

Social History

Alcohol

- [ ] None

Type Quantity Frequency

_____

Marital Status

- [ ] Single
- [ ] Married
- [ ] Divorced
- [ ] Widowed

Caffeine

- [ ] None

Intake:_____

Tobacco

Smoking Status

- [ ] Current every day smoker
- [ ] Current some day smoker
- [ ] Former smoker
- [ ] Never smoker
- [ ] Smoker, current status unknown
- [ ] Unknown if ever smoked

Drug Use

- [ ] None

Type Quantity Frequency

_____

Family Medical History

☐ No knowledge of family history

No family history of ☐ Colon cancer ☐ Polyps

Diagnoses	Mother	Father	Sister	Brother	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather	Other
Breast Cancer	○	○	○	○	○	○	○	○	○
Colon cancer	○	○	○	○	○	○	○	○	○
Colon polyps	○	○	○	○	○	○	○	○	○
Crohn's Disease	○	○	○	○	○	○	○	○	○
Diabetes	○	○	○	○	○	○	○	○	○
Esophageal Cancer	○	○	○	○	○	○	○	○	○
Gallbladder Disease	○	○	○	○	○	○	○	○	○
Heart Problems	○	○	○	○	○	○	○	○	○
Liver Disease	○	○	○	○	○	○	○	○	○
Pancreatic Cancer	○	○	○	○	○	○	○	○	○
Stomach Cancer	○	○	○	○	○	○	○	○	○
Throat Cancer	○	○	○	○	○	○	○	○	○
Thyroid Disease	○	○	○	○	○	○	○	○	○
Ulcerative Colitis	○	○	○	○	○	○	○	○	○
Other:	○	○	○	○	○	○	○	○	○

Review Of Systems

Allergic/Immunologic	Yes	No
HIV exposure	○	○
persistent infections	○	○
Skin rashes or itching	○	○

Cardiovascular	Yes	No
chest pain	○	○
Shortness of breath	○	○
irregular heart beat	○	○
shortness of breath when lying down	○	○
palpitations	○	○
Leg edema	○	○
Fainting or near fainting	○	○

Constitutional	Yes	No
Fatigue or tiredness	○	○
fever	○	○
loss of appetite	○	○
General discomfort	○	○
sweats	○	○
weight gain	○	○
weight loss	○	○

ENMT	Yes	No
difficulty swallowing	○	○
dizziness	○	○
double vision	○	○
ear pain	○	○
loss of vision	○	○
nasal obstruction	○	○
nose bleeds	○	○
photophobia	○	○
sore throat	○	○

Endocrine	Yes	No
excessive thirst	○	○
hair loss	○	○
heat intolerance	○	○

Gastrointestinal	Yes	No
abdominal pain	○	○
abdominal swelling and/or bloating	○	○
change in bowel habits	○	○
constipation	○	○
diarrhea	○	○
Difficulty swallowing	○	○
gas	○	○
heartburn	○	○
yellowing of skin	○	○
nausea	○	○
rectal bleeding	○	○
stomach cramps	○	○
vomiting	○	○
Vomiting blood	○	○

Genitourinary	Yes	No
dark urine	○	○
decrease in urine flow	○	○
pain on urination	○	○
frequent urinary infections	○	○
frequent urination	○	○
Blood in Urine	○	○
impotence	○	○
excessive night time urination	○	○
urethral discharge or incontinence	○	○

Hematologic/Lymphatic	Yes	No
bleeding gums or palpable lymph nodes	○	○
easy bruising	○	○
prolonged bleeding	○	○

Skin	Yes	No
allergies	○	○
dryness	○	○
hives	○	○
itching	○	○
jaundice	○	○
lesions	○	○
rashes	○	○

Musculoskeletal	Yes	No
arthritis	○	○
back pain	○	○
gout	○	○
joint deformity	○	○
joint pain	○	○
muscle weakness or pain	○	○
stiffness	○	○

Neurological	Yes	No
dizziness	○	○
fainting	○	○
frequent headaches	○	○
migraine	○	○
numbness or tingling	○	○
seizures	○	○
tremors	○	○
vertigo	○	○
Weakness	○	○

Psychiatric	Yes	No
anxiety	○	○
depression	○	○
difficulty sleeping	○	○
hallucinations	○	○
nervousness	○	○
panic attacks	○	○
paranoia	○	○

Respiratory	Yes	No
asthma	○	○
cough	○	○
shortness of breath	○	○
excessive sputum	○	○
coughing blood	○	○
shortness of breath with exercise	○	○
wheezing	○	○

Current Medications

☐ None

Name	Dose	How taken?

Pharmacy

Name: _____

Reviewed with

☐ Patient ☐ Parent ☐ Guardian ☐ Not Present

Signature

_____

Signature Date