Name : _____ Ref. Doctor: _____Allergies:_____Date :_____

1. Main problems you want to discuss today, describe the nature and duration of each problem.

2. List all medications you are presently taking including pain medications, blood thinner or recent anti-biotic in past 6 weeks.

	FAMILY HISTORY		YOUR SOCIAL HISTORY		YOUR SURGICAL HISTORY
[ ]	Bleeding Disorder	[ ]	Previous Smoker	[ ]	GYN Surgery
[ ]	Breast Cancer		(pack -years)	[ ]	Heart Bypass - CABG
[ ]	Ovarian Cancer	[ ]	Chews Tobacco	[ ]	Heart Stent
[ ]	Uterine Cancer	[ ]	Smoking Cigarettes	[ ]	Heart Valve Repair
[ ]	Lung Cancer		(pack/ days)	[ ]	Heart Valve Replacement
[ ]	Leukemia	[ ]	Currently married	[ ]	Hiatal Hernia Repair
[ ]	Malignant Neoplasm..	[ ]	Single	[ ]	Hysterectomy - without ovaries
	Lymphoma	[ ]	Tattoo		
[ ]	Colon Cancer	[ ]	Currently on Disability	[ ]	Total Hysterectomy with removal
[ ]	Colon Polyps				Of ovary (s)
[ ]	Colitis			[ ]	Inguinal Hernia Repair
[ ]	Crohn's Disease			[ ]	Joint Replacement
[ ]	Diverticulitis			[ ]	Kidney Surgery
[ ]	Esophageal Cancer			[ ]	Liver Biopsy
[ ]	Gallbladder Disease		**YOUR SURGICAL HISTORY**	[ ]	Obesity Surgery
[ ]	Gastric Cancer	[ ]	Prior Surgery	[ ]	Orthopedic Surgery
[ ]	Heart Disease	[ ]	AICD	[ ]	Ovarian Surgery
[ ]	Hypertension	[ ]	Appendectomy	[ ]	Prostate Surgery
[ ]	Hyperlipidemia	[ ]	Cesarean Section	[ ]	Stomach Surgery
[ ]	Irritable Bowel	[ ]	Gallbladder Surgery	[ ]	Thyroid Surgery
	Syndrome	[ ]	Colon Surgery		
[ ]	Liver Disorder			[ ]	Tonsillectomy
[ ]	Pancreatic Cancer			[ ]	Tubal Ligation
[ ]	Peptic Ulcer			[ ]	Uterine Surgery
[ ]	Rheumatoid Arthritis			[ ]	ERCP
[ ]	Ulcerative Colitis				

Name : _____

	PAST MEDICAL HISTORY				
[ ]	NO Recent Changes In Medical History	[ ]	Fibromyalgia	[ ]	Schatzki's Ring
		[ ]	Gallstones	[ ]	Seizure Disorder
[ ]	Last Colonoscopy Date and Findings	[ ]	Ulcer	[ ]	Sleep Apnea
[ ]	Last EGD Date and Findings	[ ]	Gastritis	[ ]	Stroke
[ ]	Last CT Scan of Abdomen and Pelvis	[ ]	Gastric Polyp	[ ]	Thyroid Disorders
[ ]	Last Ultrasound	[ ]	GERD	[ ]	Lupus
[ ]	Colon Polyps	[ ]	Heart Disease	[ ]	Hepatitis B
[ ]	Anemia	[ ]	Heart Failure	[ ]	Hepatitis C
[ ]	Arthritis	[ ]	Hemorrhoids	[ ]	Other PMH
[ ]	Asthma/COPD	[ ]	Hiatal Hernia	[ ]	CANCER
[ ]	Backache	[ ]	High Cholesterol	[ ]	Anal
[ ]	Bipolar Disorder	[ ]	High Triglycerides	[ ]	Breast
[ ]	Bleeding Disorder	[ ]	Hypertension	[ ]	Colon
[ ]	Blood Clots	[ ]	Inguinal Hernia	[ ]	Esophageal
[ ]	Blood Transfusion	[ ]	Irritable Bowel Syndrome	[ ]	Female Genital
[ ]	Prostate Enlargement	[ ]	Kidney Stones	[ ]	Lung
[ ]	Heart Artery Disease	[ ]	Leukemia	[ ]	Pancreatic
[ ]	Cirrhosis of Liver	[ ]	Liver Disorder	[ ]	Prostate
[ ]	Colitis (Ulcerative)	[ ]	Lymphoma	[ ]	Cancer Other
[ ]	Crohn's Disease	[ ]	Migraine Headache	[ ]	Recent Hospitalizations
[ ]	Depression/ Anxiety	[ ]	Mitral Valve Prolapse	[ ]	Never Drank Alcohol
[ ]	Diabetes Mellitus	[ ]	Myocardial Infraction	[ ]	Alcohol Use (drinks/day)
[ ]	Dialysis	[ ]	Osteoarthritis	[ ]	Stopped Drinking Alcohol
[ ]	Diverticulosis	[ ]	Osteoporosis	[ ]	Illicit Drug Use
[ ]	Diverticulitis-Colon	[ ]	Pancreatitis		
[ ]	End Stage Kidney Disease	[ ]	Rheumatio Fever		
[ ]	Fatty Liver	[ ]	Rheumatoid Arthritis		
	CHECK MARK ANY OF THE FOLLOWING SYMPTOMS YOU ARE SUFFERING.				
[ ]	Weight Change	[ ]	Trouble Swallowing	[ ]	Incontinence
[ ]	Appetite	[ ]	Nausea	[ ]	Urinary Frequency
[ ]	Fever	[ ]	Vomiting	[ ]	Excessive Thirst
[ ]	Night Sweats	[ ]	Abdominal Pain	[ ]	Temp Intolerance
[ ]	Fatigue/ Tired	[ ]	Vomiting Blood	[ ]	Easy Bleeding
[ ]	Jaundice	[ ]	Belching	[ ]	Easy Bruising
[ ]	Hoarseness	[ ]	Bloating	[ ]	Back Pain
[ ]	Epistaxis	[ ]	Black Stool	[ ]	Muscle Ache
[ ]	Bleeding Gums	[ ]	Bowel Movement Frequency Recent Change	[ ]	Joint Pain
[ ]	Mouth Sores	[ ]	Diarrhea	[ ]	Dizziness
[ ]	Chest Pain	[ ]	Constipation	[ ]	Seizures
[ ]	Palpitations	[ ]	Flatus/Gas	[ ]	Headache
[ ]	Ankle Swelling	[ ]	Bowel Incontinence	[ ]	Anxiety
[ ]	Shortness Of Breath	[ ]	Pain During Bowel Movement	[ ]	Depression
[ ]	Cough	[ ]	Red Blood in Stool	[ ]	Under Stress
[ ]	Wheezing	[ ]	Itching- Pruritus		
[ ]	Skin Lesions	[ ]	Hematuria		
[ ]	Heartburn	[ ]	Dysuria		