GI Associates & Endoscopy Center

Patient Interview Form

ClearAll

20230530

Patient Information

Name:_____ **Date of Birth:** _____

Reason for visit: _____

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Patient declines to specify

Race: ☐ White ☐ Black or African American ☐ Asian ☐ Native American or Alaska Native ☐ Unknown ☐ Patient declines to specify

Sex: ☐ Male ☐ Female

Allergies

NOTE: Include reaction for each

- ☐ No known allergies
- ☐ Penicillin
- ☐ Soy
- ☐ Dilaudid
- ☐ Sulfa (Sulfonamides)
- ☐ Morphine
- ☐ IV contrast
- ☐ Milk
- ☐ No known drug allergies
- ☐ Demerol
- ☐ Codeine Sulphate
- ☐ Seafood
- ☐ Other
- ☐ Latex
- ☐ Tape
- ☐ Eggs
- ☐ _____

Allergic Reaction(s) _____

Current Medications

(Please list pharmacy even if you are not currently taking any medications)

☐ None **Pharmacy:** _____ *(Walgreens, Rite-Aid, etc.)* **Location:** _____ *(Flowood, Madison, State St., etc.)*

I consent to obtaining a history of my medications purchased at pharmacies: ☐ Yes ☐ No

Name	Strength	How taken? / Frequency?

☐ I needed more space and wrote on the back of this page

Next

☐ None

Immunizations

☐ !Influenza When:	☐ !!Hepatitis A When:	☐ !!Hepatitis B When:	☐ ! Shingles When:	☐ Pneumonia When:
☐ !SARS-CoV-2 Vaccination (COVID-19) When:				

☐ None

Diagnostic Studies / Tests

☐ !Colonoscopy When:	☐ !!!EGD When:	☐ !!EUS When:	☐ !!ERCP When:	☐ !Sigmoidoscopy When:
☐ !Capsule Endoscopy When:		☐ PEG tube placement When:		☐ EGD / Dilation When:

Medical Conditions

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☐ Acid Reflux/GERD	☐ Alcohol Abuse	☐ Anal Fissure	☐ Barrett's Esophagus
☐ Bowel Obstruction	☐ C. Diff	☐ Cirrhosis	☐ Crohn's Disease
☐ Chronic Constipation	☐ Celiac Disease / Sprue	☐ Colitis / Ulcerative Colitis	☐ Colon Polyps
☐ Diverticulitis	☐ Diverticulosis	☐ Duodenal Ulcer	☐ Eating Disorder
☐ Esophageal stricture/narrowing	☐ Esophageal varices	☐ Gallbladder problems	☐ Gastrointestinal bleeding
☐ H. Pylori infection	☐ Hemorrhoids	☐ Hepatitis A	☐ Hepatitis B
☐ Hepatitis C	☐ Intestinal infection	☐ Irritable bowel syndrome (IBS)	☐ Jaundice (yellow skin)
☐ Liver Failure	☐ Pancreatitis	☐ Stomach Ulcer	
☐ Abnormal heartbeat	☐ Alzheimer's	☐ Anemia	☐ Antibiotic treatment within last 2 months
☐ Anxiety	☐ Arthritis	☐ Asthma	☐ Autoimmune disease
☐ Bleeding disorder	☐ Blood clots	☐ COPD	☐ Congestive heart failure
☐ Dementia	☐ Depression	☐ Diabetes	☐ Dialysis
☐ Emphysema	☐ Fibromyalgia	☐ Glaucoma	☐ GYN
☐ Heart attack	☐ Heart disease	☐ High blood Pressure	☐ High cholesterol / Triglycerides
☐ HIV exposure	☐ HIV positive	☐ Implanted devices	☐ Kidney disease
☐ Malignant hyperthermia	☐ Mental illness	☐ Physical or sexual abuse (Child)	☐ Physical or sexual abuse (Adult)
☐ Prostate	☐ Seizure disorder	☐ Sleep apnea	☐ Multiple sclerosis
☐ Stroke	☐ TB	☐ Thyroid disease	
☐ Mouth/Throat Cancer	☐ Esophageal Cancer	☐ Stomach Cancer	☐ Pancreatic Cancer
☐ Blood Cancer (e.g. Leukemia)	☐ Uterine Cancer	☐ Ovarian Cancer	☐ Skin Cancer
☐ Breast Cancer	☐ Lung Cancer	☐ Colon Cancer	☐ Prostate Cancer
☐ Other			

Next

Previous procedures

☐ None		Has patient ever been hospitalized? N/A When:_____		
☐ Adhesions When:_____	☐ Aortic Aneurysm When:_____	☐ Appendix When:_____	☐ Back When:_____	☐ Bariatric (weight loss) When:_____
☐ Brain When:_____	☐ Breast When:_____	☐ Carpal Tunnel When:_____	☐ Colon When:_____	☐ Coronary stent When:_____
☐ C-Section When:_____	☐ Defibrillator placement When:_____	☐ Esophagus When:_____	☐ Gallbladder When:_____	☐ Heart bypass When:_____
☐ Heart valve When:_____	☐ Hemorrhoids When:_____	☐ Hernia When:_____	☐ Hysterectomy When:_____	☐ Joint replacement When:_____
☐ Laparoscopy When:_____	☐ Pacemaker When:_____	☐ Prostate When:_____	☐ Rotator cuff When:_____	☐ Stomach When:_____
☐ Tonsils When:_____	☐ Transplant When:_____	☐ Tubal Ligation When:_____	☐ Ulcer When:_____	

Social History

Marital Status

☐ **Married** ☐ **Single** ☐ **Divorced** ☐ **Widowed**

Alcohol

☐ **None** ☐ **In the past**

☐ **Current Daily** ☐ **Current Weekly** ☐ **Current Monthly** ☐ **Occasional**

Tobacco Smoking Status

☐ **Current Every Day** ☐ **Current Some Day** ☐ **Former Smoker** ☐ **Never**

☐ **Smoker, current status unknown** ☐ **Light tobacco smoker**

☐ **Unknown if ever smoked** ☐ **Heavy tobacco smoker**

Drug Use

☐ **None**

☐ **Uses IV drugs currently** ☐ **Used IV drugs in the past** ☐ **Recreational Drug Use**

Next

Review of Systems

Gastrointestinal

	None	Yes
Abdominal pain		
Anorectal pain / Itching		
Bloating / Gas		
Blood in stool		
Change in bowel habits		
Constipation		
Diarrhea		
Incontinence of stool		
Heartburn / Reflux		
Difficulty swallowing		
Nausea		
Vomiting		
Black tarry stools		

Genitourinary

	None	Yes
Dark urine		
Heavy menstration		
Pregnancy		
Frequent urination		
Blood in urine		
Urinary incontinence		

Integumentary

	None	Yes
Itching		
Jaundice		
Rashes		

Cardiovascular

	None	Yes
Heart murmur		
Irregular heart beat		
Peripheral edema		
Palpitations		
Chest pain		

Neurological

	None	Yes
Frequent headaches		
Memory loss / Confusion		
Numbness or tingling		

Endocrine

	None	Yes
Cold intolerance		
Excessive thirst		

Constitutional

	None	Yes
Fatigue		
Fever		
Loss of appetite		
Night sweats		
Weight gain		
Weight loss		

Psychiatric

	None	Yes
Anxiety		
Depression		

ENMT

	None	Yes
Vision problems		
Eye pain / irritation		
Sore throat		
Hoarseness		
Mouth sores		

Hematologic / Lymphatic

	None	Yes
Easy bruising		
Prolonged bleeding		
Enlarged / painful lymph nodes		

Musculoskeletal

	None	Yes
Back pain		
Joint pain		

Respiratory

	None	Yes
Frequent cough		
Snoring		
Sleep apnea		
Wheezing		
Shortness of breath		

Allergic / Immunologic

	None	Yes
Medication allergies		
Food allergies		
Seasonal allergies		

Next

Family History

Diagnosis	Age @ diagnosis	Mother	Father	Sister	Brother	Daughter	Son	Other
Brain Cancer								
Colon Cancer								
Kidney Cancer								
Ovarian Cancer								
Prostate Cancer								
Pancreatic Cancer								
Small Bowel Cancer								
Stomach Cancer								
Urinary Tract Cancer								
Uterine (Endometrial) Cancer								
Stomach Problems								
Celiac Disease								
Crohn's Disease								
Colon Polyps								
Liver Disease								
Ulcerative Colitis \ IBD								