Center for Digestive Health

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Patient Interview Form

Patient Information

First Name:_____ Last Name:_____

MRN:_____ Date Of Birth:_____

Age:_____ Notes:_____

Gender

☐ Male ☐ Female ☐ Other

Allergies

☐ Patient has no known allergies ☐ Patient has no known drug allergies

☐ Aspirin-Like Analgesic, Salicylates	☐ Codeine Sulfate	☐ Demerol	☐ Eggs	☐ Iodine Containing Drugs
☐ Latex	☐ Penicillins	☐ Propofol	☐ Sulfa (Sulfonamides)	☐ Versed
☐ Ace Inhibitors	☐ Erythromycin	☐ IV Contrast	☐ Fentanyl	☐ Shellfish
☐ Topical Anesthetics / Novacaine	Other:_____			

Current Medications

☐ None

Name	Dose	How taken?

Past or Present Medical Conditions

☐ None

☐ Abnormal Liver Blood Tests	☐ Anemia	☐ Angina	☐ Anxiety Disorder	☐ Arthritis
☐ Asthma	☐ Atrial Fibrillation	☐ Barrett's Esophagus	☐ Bleeding Disorder	☐ Blood Clots (DVT)
☐ Breast Cancer	☐ Celiac Sprue	☐ Cirrhosis	☐ Colon Cancer	☐ Colon Polyps
☐ Congestive Heart Failure	☐ Coronary Artery Disease	☐ Crohn's Disease	☐ Depression	☐ Diabetes Insulin Dependent - Type I
☐ Diabetes Non Insulin Dependent - Type II	☐ Diverticulosis	☐ Emphysema	☐ Endometriosis	☐ Esophageal Cancer
☐ Fibromyalgia	☐ Gallstones	☐ Gastroesophageal Reflux Disease	☐ Gastrointestinal Bleeding	☐ Gynecological Cancer
☐ Heart Attack	☐ Hemorrhoids	☐ Hepatitis C	☐ High Blood Pressure	☐ High Cholesterol

- [ ] Irritable Bowel Syndrome
- [ ] Kidney Dialysis
- [ ] Kidney Disease
- [ ] Liver Disease
- [ ] Lung Cancer
- [ ] Lymphoma
- [ ] Obesity
- [ ] Ovarian Cancer
- [ ] Pancreatitis
- [ ] Prostate Cancer
- [ ] Prostate Enlargement
- [ ] Pulmonary Embolism
- [ ] Seizure Disorder
- [ ] Sleep Apnea
- [ ] Stroke
- [ ] Thyroid Disorder
- [ ] Ulcer Disease
- [ ] Ulcerative Colitis

Other: _____

Previous Procedures

- [ ] None

- [ ] AICD — When: _____
- [ ] Appendectomy/Appendix Removal — When: _____
- [ ] Back Surgery — When: _____
- [ ] Bladder Lift — When: _____
- [ ] C-Section — When: _____
- [ ] Cholecystectomy/Gallbladder Surgery — When: _____
- [ ] Colon Resection — When: _____
- [ ] Coronary Artery Stent Placement — When: _____
- [ ] Gastric Bypass Surgery — When: _____
- [ ] Heart Bypass Operation — When: _____
- [ ] Heart Valve Replacement — When: _____
- [ ] Hemorrhoid Surgery — When: _____
- [ ] Hernia Repair — When: _____
- [ ] Hysterectomy — When: _____
- [ ] Joint Replacement — When: _____
- [ ] Mastectomy — When: _____
- [ ] Pacemaker — When: _____
- [ ] Prostate Surgery — When: _____

Other: _____

Diagnostic Studies / Tests

- [ ] None

- [ ] Colonoscopy — When: _____
- [ ] EGD — When: _____
- [ ] ERCP — When: _____

Social History

Occupation: _____ Number of Children: _____

Marital Status

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

Alcohol

- [ ] None

Type	Number
[ ] Never	
[ ] Rarely	
[ ] Daily	
[ ] More than 2 days/week	
[ ] Less than 2 days/week	
[ ] I quit using alcohol	
[ ] Recovering alcoholic	

Tobacco

Smoking Status

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

Type	Started	Quit	Quantity	Frequency
[ ] Cigarettes				
[ ] Cigar				
[ ] Pipe				
[ ] Chewing Tobacco				

Family Medical History

☐ No knowledge of family history

No family history of

☐ Barrett's Esophagus
☐ Celiac Disease
☐ Colon Cancer
☐ Colon Polyps
☐ Crohn's Disease
☐ Esophageal Cancer
☐ Gastric Cancer
☐ Irritable Bowel Syndrome
☐ Liver Disease
☐ Pancreatic Cancer
☐ Pancreatitis
☐ Ulcerative Colitis

	Mother	Father	Sister	Brother	Daughter	Son
Health Status						
	○	○	○	○	○	○
Deceased/At Age	____	____	____	____	____	____
Diagnoses						
FAMILY HISTORY OF:						
Barrett's Esophagus	○	○	○	○	○	○
Breast Cancer	○	○	○	○	○	○
Celiac Disease	○	○	○	○	○	○
Colitis	○	○	○	○	○	○
Colon Cancer	○	○	○	○	○	○
Colon Polyps	○	○	○	○	○	○
Crohn's Disease	○	○	○	○	○	○
Esophageal Cancer	○	○	○	○	○	○
Gastric Cancer	○	○	○	○	○	○
Liver Disease/Cirrhosis	○	○	○	○	○	○
Pancreatic Cancer	○	○	○	○	○	○
Ulcerative Colitis	○	○	○	○	○	○
Other:	○	○	○	○	○	○