

Centura Gastroenterology



Patient Name: _____ Date of Birth: ____/____/____

PRIOR PROCEDURES

EGD Results: _____ Date: _____

Colonoscopy Results: _____ Date: _____

Sigmoidoscopy Results: _____ Date: _____

Capsule Endoscopy Results: _____ Date: _____

PAST MEDICAL HISTORY: (Please write in all medical problems you have)

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

9. _____ 10. _____

11. _____ 12. _____

PAST SURGICAL HISTORY: (Please write in All surgeries you have undergone)

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

9. _____ 10. _____

11. _____ 12. _____

FAMILY HISTORY: Please check the box below for "Yes" Do family members have a history of:

- Celiac Disease Colon Cancer Cirrhosis Pancreatitis
 Pancreatic Cancer Crohn's Disease Ulcerative Colitis Stomach Cancer

SOCIAL HISTORY: Please circle yes or no

Smoking: YES or NO Packs per day: _____ # of Years: _____ Quit Date: _____

Alcohol: YES or NO Beverage: _____ # per day/week: _____ Quit Date: _____

Illicit Drugs: YES or NO Drugs Used: _____ Quit Date: _____

Tattoos: YES or NO **Exercise:** YES or NO

OTHER PERTINENT INFORMATION:

PHARMACY INFORMATION

Patient Name: _____ Date of Birth: ____/____/____

Pharmacy: _____

Phone: _____ Pharmacy Location: _____

Centura Gastroenterology



PRESCRIPTION MEDICATION

| Name of Medication | Dose | Frequency | Reason for Medication |
|--------------------|------|-----------|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

OVER THE COUNTER MEDICATION AND HERBAL SUPPLEMENTS

| Name of Medication | Dose | Frequency | Reason for Medication |
|--------------------|------|-----------|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

ALLERGIES: (Please list all your medication allergies)

Centura Gastroenterology



Patient Name: _____ Date of Birth: ____/____/____

REVIEW OF SYSTEMS: Please Circle if you are experiencing any of these below

General : Chills Fatigue Fever Night Sweats Weight Gain Weight Loss

Skin: Dryness Hives Itching Rash Skin Color Changes Ulcers

Heent: Contacts / Glasses Double Vision Ear pain Headache Hoarseness Nose Bleeds

Voice Changes: Oral Ulcers Ringing in ears Seasonal Allergies Sleep Apnea Sore Throat Vertigo

Neck: Neck Mass Neck Pain Neck Stiffness Neck Swelling Swollen Glands

Respiratory: Bloody Sputum Chronic Cough Difficulty Breathing Sputum Production

Cardiovascular: Abnormal Mass Chest Pain Fainting Palpations Shortness of Breath Swelling Extremities

GI: Abdominal Mass Abdominal Pain Abdominal Swelling Belching Black Tarry Stools Bloating

Bloody Stool: Change in Bowel Habits Chronic Diarrhea Constipation Diarrhea Difficulty Swallowing Dysphagia

Excessive Gas: Food Intolerance Gas Get full Quickly Hemorrhoids Heartburn Incontinence of Stool

Indigestion: Jaundice Laxative Use Melena Nausea Painful Swallowing Painful Bowel Movement

Rectal Bleeding: Stool +Blood in Last 6 Months Vomiting or Vomiting Blood

MUSCULOSKELETAL: Back Pain Decreased Range of Motion Joint Pain Joint Stiffness Joint Swelling

Neurologic: Decreased Memory Fainting Numbness Seizures Stroke Tremors

Endocrine: Appetite Changes Excessive Thirst Excessive Urination Hair Changes Hot Flashes Thyroid Problems

Hematology: Hemochromatosis Enlarged Lymph Nodes Blood Clots Excessive Bleeding Anemia Easy Bruising

Genitourinary: Blood in Urine Incontinence Menstrual Irregularities Painful Urination Pelvis Pain Vaginal Bleeding

Psychiatric: Anxiety Depression Insomnia Panic Attacks Mood Changes

Thank you for choosing Centura Gastroenterology.
We appreciate your trust in us to take care of your gastrointestinal needs.