GASTROENTEROLOGY ASSOCIATES, P.A.
Board Certified Specialists in Gastrointestinal and Liver Disease

Caroll D. Koscheski, MD, FACG
John H. Meier, MD, FACG
Frank D. Wright, MD, FACG
Simon J. Allport, MD
Gregory Diamonti, MD, FACG
Gaa O. Richardson, MD
Susan M. Nikrooz, MD
Siddharth P. Sura, MD, MPH

Phone 828.328.3300 • Fax 828.328.9101
415 North Center Street, Suite 300 • Hickory, NC 28601
www.gastro-associates.net

Patient Interview Form

Patient Information

First Name:______________________ Last Name:______________________
MRN:______________________ Date Of Birth:______________________
Age:______________________ Notes:______________________

Contact Preference

- [ ] Email
- [ ] Telephone call/leave message
- [ ] Patient declines to specify
- Other:____________

Email

Please check one as your preferred email for communications

- [ ] Personal:______________________
- [ ] Work:______________________

Allergies

- [ ] Patient has no known allergies
- [ ] Patient has no known drug allergies

- [ ] Aspirin
- [ ] Codeine
- [ ] IV Contrast or Iodine
- [ ] Penicillin
- [ ] Sulfa (Sulfonamide Antibiotics)
- [ ] Propofol
- [ ] Eggs
- [ ] Latex
- Other:____________
- Other:____________

Past or Present Medical Conditions

- [ ] None

Gastrointestinal and Liver

- [ ] Barrett's Esophagus
- [ ] Cirrhosis of liver
- [ ] Colon Cancer
- [ ] Colon Polyps
- [ ] Crohn's Disease
- [ ] Diverticulitis
- [ ] Diverticulosis
- [ ] Esophageal Varices
- [ ] Elevated Liver Enzymes
- [ ] Fatty liver
- [ ] Gastric Varices
- [ ] GERD (reflux / heartburn)
- [ ] Hepatic encephalopathy
- [ ] Hepatitis A
- [ ] Hepatitis B
- [ ] Hepatitis C
- [ ] Irritable Bowel Syndrome
- [ ] Liver transplantation
- [ ] Pancreatitis, acute
- [ ] Pancreatitis chronic
- [ ] Stomach or Duodenal Ulcer
- [ ] Ulcerative Colitis
- Other:____________
- Other:____________

Cardiovascular

- [ ] Abdominal aortic aneurysm
- [ ] Atrial Fibrillation
- [ ] Cardiac valvular disease
- [ ] Congestive Heart Failure
- [ ] Coronary Artery Disease without heart attack
- [ ] Deep vein thrombosis
- [ ] Heart Attack
- [ ] Heart Murmur
- [ ] Hyper cholesterolemia
- [ ] Hypertension
- [ ] Stroke (CVA)
- [ ] Transient ischemic attack
- Other:____________
- Other:____________

Other Conditions

- Alcoholism
- Anxiety
- Alzheimer
- Anemia, nonspecific
- Asthma
- B12 deficiency Anemia
- Breast cancer
- Chronic pain syndrome
- Chronic anticoagulation
- COPD
- Degenerative joint disease
- Diabetes Mellitus
- Dialysis
- Depression
- Drug abuse / dependency
- Fibromyalgia
- Glaucoma
- Gout
- HIV/AIDS
- Home Oxygen
- Hyperthyroidism
- Hypothyroidism
- Iron Deficiency Anemia
- Kidney Stones
- Kidney Disease
- Kidney Transplant
- Lymphoma
- Osteoporosis
- Parkinson's disease
- PPD positive
- Pneumonia
- Prostate Cancer
- Rheumatic Fever
- Rheumatoid arthritis
- Seizure disorder
- Skin Cancer
- Tuberculosis

Other: ______ Other: ______

Diagnostic Studies/Tests

- None

Gastrointestinal

- Colonoscopy When: ______
- EGD (upper endoscopy) When: ______
- ERCP When: ______
- Capsule Endoscopy When: ______
- Flexible sigmoidoscopy When: ______
- Liver biopsy When: ______

Previous Procedures

- None

Other: ______

Gastrointestinal Surgery/Procedures

- Appendectomy When: ______
- Billroth I When: ______
- Billroth II When: ______
- Cholecystectomy (gall bladder removed) When: ______
- Colon Resection (part of colon removed) When: ______
- Gastric banding When: ______
- Gastric bypass When: ______
- Hemorrhoid surgery When: ______
- Hiatal hernia surgery/anti-reflux surgery When: ______
- Lysis of adhesions When: ______
- Partial gastrectomy When: ______
- Small bowel resection When: ______

Other: ______ Other: ______

Cardiovascular

- Abdominal aortic aneurysm When: ______
- Aortic Valve Replacement When: ______
- Cardiac pacemaker When: ______
- Coronary artery bypass graft (CABG) When: ______
- Carotid endarterectomy When: ______
- Cardiac stent When: ______
- Cardiac defibrillator When: ______
- Cardiac valve replacement When: ______
- Mitral valve replacement When: ______
- Peripheral vascular surgery When: ______

Other: ______ Other: ______

Other Surgery/Procedure

- Breast Cancer Surgery When: ______
- C-Section When: ______
- Groin hernia When: ______
- Hysterectomy When: ______
- Nephrectomy When: ______
- Prostatectomy When: ______
- Thyroid When: ______
- Tonsillectomy When: ______
- Total hip replacement When: ______
- Total knee replacement When: ______
- Tubal Ligation When: ______

Other: ______

Family Medical History

No knowledge of family history

No family history of Colon cancer Polyps

Health Status	Mother	Father	Sister	Brother	Daughter	Son	Grandmother	Grandfather
Healthy								
Deceased/At Age								

Diagnoses	Mother	Father	Sister	Brother	Daughter	Son	Grandmother	Grandfather
Colon polyps								
Colon cancer								
Alcoholism								
Breast Cancer								
Bleeding tendency								
Cancer (other)-specify type if known								
Diabetes								
Heart attack								
Liver disease								
Other:								

Social History

Occupation:________________________ Number of Children:________________________

Marital Status

Single Married Divorced Separated Widowed
Other

Alcohol

None

Type	Quantity	Number	Frequency
Example - Wine	Glass	2	Times / week
Beer			
Wine			
Other			

Tobacco

Smoking Status

Current every day smoker
Current some day smoker
Former smoker
Never smoker
Smoker, current status unknown
Light tobacco smoker
Heavy tobacco smoker
Unknown if ever smoked

Drug Use

None

I have never used recreational drugs
I have used recreational drugs in the past
I currently use recreational drugs
I have been treated for substance abuse

Review Of Systems

Allergic/Immunologic

None — Y N

- Allergies (environmental)
- Recurrent hives
- other

Cardiovascular

None — Y N

- chest pain
- shortness of breath with exertion
- shortness of breath-lying flat
- palpitations
- Ankle swelling
- other

Constitutional

None — Y N

- fatigue
- weight gain
- weight loss
- other

ENMT

None — Y N

- nose bleeds
- sore throat
- hearing loss
- other

Endocrine

None — Y N

- excessive thirst
- hair loss
- cold intolerance
- other

Eyes

None — Y N

- Visual decline
- other

Gastrointestinal

None — Y N

- abdominal pain
- black tarry stools
- bloating
- change in bowel habits
- constipation
- diarrhea
- difficulty swallowing
- heartburn
- milk/dairy intolerance
- mucous in stool
- nausea
- pain with bowel movement
- rectal bleeding
- rectal urgency
- soiling stool
- vomiting
- other

Genitourinary

None — Y N

- frequent urinary infections
- change in urinary frequency
- kidney disease/failure
- other

Hematologic/Lymphatic

None — Y N

- easy bruising
- prolonged bleeding
- other

Integumentary

None — Y N

- dryness
- hives
- itching
- rashes
- other

Musculoskeletal

None — Y N

- joint pain
- joint swelling
- muscle pain
- other

Neurological

None — Y N

- dizziness
- frequent headaches
- numb extremities
- other

Psychiatric

None — Y N

- anxiety/panic
- depression
- suicidal thoughts
- other

Respiratory

None — Y N

- cough
- excessive sputum
- shortness of breath
- wheezing
- cough up blood
- other

Pharmacy

Name Address Phone

Current Medications

None

Name	Dose	How taken?

Consent to Import Medication History

I consent to obtaining a history of my medications purchased at pharmacies.

Yes No

Reminder Preference

I would like to receive preventive care and follow up care reminders.

Yes No

Consent to Share Data

I consent to having my medical and demographic information shared with other health care entities.

Yes No

Signature

Signature Date