

THE CENTER FOR GASTROINTESTINAL DISORDERS
1150 N. 35TH Avenue, Suite 445, Hollywood, FL 33021

PATIENT HISTORY

DATE: _____

NAME: _____

BIRTH DATE: _____

ALLERGIES TO MEDICATIONS:

MEDICATIONS:

PAST HABITS: Alcohol _____ Drug Use _____ Smoking _____ Any Tattoos _____

PRESENT HABITS: Alcohol _____ Drug Use _____ Smoking _____

PAST MEDICAL PROBLEMS:

(Diabetes, Heart Disease, etc.)

PAST SURGERIES:

FAMILY HISTORY: (Digestive Diseases) Relation:

Gallstones _____

Polyps _____

Pancreatitis _____

Ulcers _____

Liver Disease _____

Cancer (Esp. Colon, Pancreas, Stomach) _____

Crohn's Disease _____

Ulcerative Colitis _____

SOCIAL HISTORY:

Usual Occupation _____

Age of Spouse _____

Children _____

Pregnancy Problems _____

REVIEW OF SYSTEMS:

GENERAL:

- ___ Chronic Fatigue
- ___ Weight Loss (Amount ___ Since When ___)
- ___ Fever
- ___ Anemia
- ___ Bruise Easily/Bleed Too Long
- ___ Cancer (What Kind) _____
- ___ Diabetes (When Diagnosed) _____
- ___ Thyroid Disease

EARS, EYES, NOSE, THROAT:

- ___ Ring in Ears ___ Sinus Troubles
- ___ Ear Infections ___ Hoarseness
- ___ Dizzy Spells ___ Eye Infections
- ___ Poor Vision ___ Cataracts
- ___ Glaucoma

LUNGS:

- ___ Pneumonia ___ Bronchitis
- ___ Asthma ___ Cough
- ___ Shortness of Breath

HEART:

- ___ Chest Pain
- ___ Palpitations
- ___ High Blood Pressure ___ Ankle Swelling
- ___ Irregular Heart Beat
- ___ Phlebitis (Blood Clots)

SKIN:

- ___ Rashes
- ___ Hives
- ___ Allergic Reactions

GASTROINTESTINAL:

- ___ Diarrhea ___ Constipation
- ___ Heartburn
- ___ Stomach Cramps
- ___ Blood in Stool ___ Bloating
- ___ Liver Disease
- ___ Gas
- ___ Trouble Swallowing
- ___ Jaundice

URINARY:

- ___ Urine Infections
- ___ Blood in Urine
- ___ Decrease in Urine Force/Flow
- ___ Urination at Night (> 2 Times)

BONES & JOINTS:

- ___ Arthritis/Rheumatism
- ___ Back Pain (Chronic/Recurrent)
- ___ Gout
- ___ Osteoporosis

NEUROLOGIC:

- ___ Stroke
- ___ Tremor/Hands Shaking
- ___ Numbness or Tingling
- ___ Headaches (Frequency) _____
- ___ Migraines (Frequency) _____

PSYCHIATRIC:

- ___ Depression
- ___ Panic Attacks
- ___ Anxiety