CAPITAL DIGESTIVE CARE℠

First in Digestive Health

Patient Interview Form

Patient Information

First Name: _____ Last Name: _____

Date Of Birth: _____

Email

Please check one as your preferred email for communications

☐ Personal: _____ ☐ Work: _____

Race

Select one or more

☐ White ☐ Black or African American ☐ Asian ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander

☐ Unknown ☐ Patient declines to specify ☐ Prohibited by state law

Ethnicity

☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Patient declines to specify ☐ Prohibited by state law

Sex

☐ Male ☐ Female ☐ Other

Preferred Language

☐ English ☐ Patient declines to specify

Contact Preference

☐ Letter ☐ EMAIL ☐ Cell ☐ Home ☐ Work

☐ Patient declines to specify Other: _____

Pharmacy

_____

_____

Name Address Phone

Allergies

_____

☐ ☐ Patient has no known drug allergies

☐ Adhesive Tape ☐ Codeine Sulfate ☐ Erythromycin ☐ Penicillins ☐ Shellfish

☐ Sulfa (Sulfonamide Antibiotics) ☐ Latex Gloves, Medium ☐ Iodine-Iodine Containing

Current Medications

☐ None

Name	Dose	How taken?

Immunizations

☐ None

☐ Flu vaccine When:_____

☐ Hep A When:_____

☐ Hep B, adult When:_____

☐ pneumovax When:_____

☐ TB skin test When:_____

Diagnostic Studies/Tests

☐ None

☐ Colonoscopy When:_____

☐ Endoscopy/EGD When:_____

☐ CT Scan Abdomen/Pelvis When:_____

☐ MRI of Abdomen/Pelvis When:_____

☐ ERCP When:_____

☐ Pelvic Ultrasound When:_____

☐ Abdominal ultrasound When:_____

Previous Procedures

☐ None

☐ Gallbladder removed

☐ Appendectomy

☐ Colon Resection

☐ Small bowel resection

☐ Exploratory abdominal surgery

☐ Gastric Bypass Surgery

☐ Lap band surgery

☐ Hemorrhoid Surgery

☐ Hemorrhoid banding

☐ Abdominoplasty

☐ Hysterectomy

☐ Tubal Ligation

☐ Mastectomy

☐ Pacemaker Placement

☐ Defibrillator Placement

☐ Coronary Artery Bypass Grafting (CABG)

☐ Abdominal aortic anuerysm (AAA) Repair

☐ Heart valve replacement/surgery

☐ Cardiac catherization

☐ Joint Replacement

☐ Back Surgery

☐ Fibromyalgia

☐ Coronary artery stent

Other:_____

Other:_____

Past or Present Medical Conditions

☐ None

Gastroenterology/Hepatology

☐ Colon polyps ☐ Colon cancer ☐ Irritable bowel syndrome
☐ Crohn's disease ☐ Ulcerative colitis
☐ GERD/Reflux ☐ Barretts esophagus ☐ Ulcer disease
☐ Hepatitis B ☐ Hepatitis C ☐ Fatty Liver Disease
☐ Cirrhosis/Liver ☐ Celiac disease ☐ Bowel obstruction
☐ Pancreatitis ☐ Anemia Other: _____
Other: _____

Cardiology

☐ Coronary Artery Disease ☐ Heart Valve Disease ☐ Congestive Heart Failure ☐ Heart Attack
☐ High blood pressure ☐ Atrial Fibrillation ☐ Vascular Disease ☐ High Cholesterol
☐ Stroke ☐ TIA ☐ Coronary Stent ☐ Valvular Disease/Implant
☐ Pacemaker Other: _____ Other: _____

Pulmonology

☐ C.O.P.D. ☐ Asthma ☐ Sleep Apnea ☐ Blood Clots (leg)
☐ Blood Clots (lung) ☐ Wheezing ☐ Blood Transfusions Other: _____

Other

☐ Anxiety Disorder ☐ Arthritis ☐ Bipolar Disorder ☐ Body Piercings
☐ Breast cancer ☐ Current Pregnancy ☐ Depression ☐ Diabetes
☐ Fibromyalgia ☐ Gout ☐ HIV Exposure ☐ HIV Infection
☐ Hypothyroidism ☐ Kidney Disease ☐ Kidney Stones ☐ Lung Cancer
☐ Ovarian Cancer ☐ Other Cancer ☐ Prostate Cancer ☐ Recurrent Infections
☐ Seizures ☐ Skin Cancer ☐ Tattoos Other: _____

Genetic Testing

☐ BRCA1 gene mutation positive ☐ HNPCC - hereditary nonpolyposis colorectal cancer

Social History

Marital Status

☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed
☐ Civil Union ☐ Unknown ☐ Other

Alcohol

☐ None
☐ Less than 7 per week ☐ More than 7 per week

Caffeine

☐ None
☐ Occasionally ☐ Daily

Tobacco

Smoking Status

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

Tobacco Continued

Type	Quantity	Frequency
☐ Cigarettes		
☐ Cigar		
☐ Chewing Tobacco		

Drug Use

- ☐ None
- ☐ IV or intranasal drugs currently
- IV or intranasal drugs in the past
- ☐ Recreational drug use

Exercise

- ☐ None
- ☐ Routine regular exercise
- Occasionally

Family Medical History

- ☐ No knowledge of family history

No family history of

- ☐ Celiac Sprue
- ☐ Colon Polyps
- ☐ Gallbladder Disease
- ☐ Liver Disease
- ☐ Stomach Cancer
- ☐ Colon cancer
- ☐ Crohn's Disease
- ☐ Inflammatory Bowel Disease
- ☐ Polyps
- ☐ Ulcerative Colitis

Diagnoses	Mother	Father	Sister	Brother	Grandmother	Grandfather
Celiac Disease	○	○	○	○	○	○
Colon Cancer - prior to age 50	○	○	○	○	○	○
Colon Cancer 50 or older	○	○	○	○	○	○
Colon Polyps	○	○	○	○	○	○
Crohn's Disease	○	○	○	○	○	○
Gallbladder Disease	○	○	○	○	○	○
Liver Disease	○	○	○	○	○	○
Ulcerative Colitis	○	○	○	○	○	○
Stomach Cancer	○	○	○	○	○	○
Irritable bowel syndrome (IBS)	○	○	○	○	○	○
Endometrial cancer - prior to age 50	○	○	○	○	○	○
Uterine cancer - prior to age 50	○	○	○	○	○	○
HNPCC - hereditary nonpolyposis colon cancer	○	○	○	○	○	○
BRCA1 gene mutation positive	○	○	○	○	○	○
Other:						

Review Of Systems

	Y
Allergic/Immunologic	
allergic reactions	○
current infections	○
Cardiovascular	
chest pain	○
irregular heart beat	○
rapid heart rate/palpitations	○
ankle swelling	○
Constitutional	
fever	○
loss of appetite	○
weight loss	○
ENMT	
nose bleeds	○
loss of vision	○
hoarseness	○
mouth sores	○
Endocrine	
excessive thirst	○
heat or cold intolerance	○
Gastrointestinal	
abdominal pain	○
abdominal swelling	○
change in bowel habits	○
constipation	○
diarrhea	○
gas	○
heartburn	○
nausea	○
rectal bleeding	○
stomach cramps	○
vomiting	○
difficulty swallowing	○
yellowing of skin	○
Genitourinary	
blood in urine	○
recent darkening of urine	○
Hematologic/Lymphatic	
easy bruising	○
anemia	○
Integumentary	
itching	○
rashes	○
rashes/hives	○
Musculoskeletal	
back pain	○
joint pain/arthritis	○
Neurological	
dizziness	○
fainting	○
frequent headaches	○
vertigo	○
memory loss/confusion	○
Psychiatric	
depression	○
anxiety/panic attacks	○
Respiratory	
wheezing	○
frequent cough	○
shortness of breath when at rest	○

Consent to Import Medication History

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

☐ Yes ☐ No

Reviewed with

☐ Patient ☐ Parent ☐ Guardian ☐ Not Present