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 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 cancer
☐ Colon Polyps ☐ Crohn's Disease
☐ Gallbladder Disease ☐ Inflammatory Bowel Disease
☐ Liver Disease ☐ Polyps
☐ Stomach Cancer ☐ 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:

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