



## 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

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None

Name

Dose

How taken?

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## Immunizations

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None

Flu vaccine

Hep A

Hep B, adult

pneumovax

TB skin test

When: \_\_\_\_\_

When: \_\_\_\_\_

When: \_\_\_\_\_

When: \_\_\_\_\_

When: \_\_\_\_\_

## Diagnostic Studies/Tests

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None

Colonoscopy

Endoscopy/EGD

CT Scan  
Abdomen/Pelvis

MRI of  
Abdomen/Pelvis

ERCP

When: \_\_\_\_\_

When: \_\_\_\_\_

When: \_\_\_\_\_

When: \_\_\_\_\_

When: \_\_\_\_\_

Pelvic  
Ultrasound

Abdominal  
ultrasound

When: \_\_\_\_\_

When: \_\_\_\_\_

## Previous Procedures

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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 aneurysm  
(AAA) Repair

Heart valve  
replacement/surgery

Cardiac  
catherization

Joint  
Replacement

Back Surgery

Fibromyalgia

Coronary artery  
stent

Other: \_\_\_\_\_

Other: \_\_\_\_\_

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## 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

Unknown if ever smoked



## Review Of Systems

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

## 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

Revised 1/2018