GASTROENTEROLOGY ASSOCIATES, LLP
History Questionnaire

Referring Physician _____

Primary Physician _____

Name_____ Age _____ Date _____

REASON FOR CONSULTATION (Please give a brief description of your symptoms)

What makes your condition better? _____

What makes your condition worse? _____

PAST MEDICAL AND SURGICAL HISTORY

List all medical problems or conditions you have (i.e. - heart or lung problems, diabetes, high blood pressure, etc.)

List all surgeries you have had:

List all your current medications with dose and frequency (both prescription and nonprescription)

Do you take any Aspirin products or anti-inflammatories such as Aleve, Excedrin, Naprosyn, Ascriptin, Alka-Seltzer, Advil, Ibuprofen, Nuprin, Bufferin, Mediprin, Orudis, etc. ?

List any allergies you have to medication:

(Over)

FAMILY HISTORY

List current age and health status of each member (If deceased, indicate cause of death and age):

Mother _____ Father _____

Brothers _____ Sisters _____

Is there any history of:

_____Ulcers _____Colon cancer _____Colon polyps

_____Cancer _____Pancreatic desease _____Liver disease

OCCUPATION: _____

MARITAL STATUS: _____

PERSONAL HABITS: _____

Do you drink alcohol? If so, how much? _____

Do you smoke cigarettes? If so, how many packs per day? _____

Have you ever used illegal drugs? _____

Date of last menstrual period _____

Date of last pelvic exam or pap smear _____

Date of last mammogram _____

Have you had:

- ☐ Fever or chills
- ☐ Weakness
- ☐ Change in your vision
- ☐ Mouth sores
- ☐ Chest pain with activity
- ☐ Shortness of breath
- ☐ Painful or diffult swallowing
- ☐ Nausea or vomiting
- ☐ Diarrhea
- ☐ Blood in the stool
- ☐ Blood in the urine
- ☐ Arthritis
- ☐ Severe itching
- ☐ Unusual or severe headaches
- ☐ Passing out
- ☐ Hot or cold sensitivity
- ☐ Unintentional weight loss
- ☐ Night sweats
- ☐ Frequents or severe nose bleeds
- ☐ Loss of hearing or ringing in the ears
- ☐ Palpitations associated with dizziness
- ☐ Frequent cough
- ☐ Becoming full quickly with eating
- ☐ Heartburn or indigestion
- ☐ Constipation
- ☐ Painful or difficult urination
- ☐ Painful muscles
- ☐ Change in a mole not seen by a doctor
- ☐ Lumps in the breast
- ☐ Seizures or convulsions
- ☐ Depression
- ☐ Easy bruising or bleeding