ADVANCED GASTROENTEROLOGY OF SOUTH FLORIDA, PA
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Board Certified Internal Medicine
Board Certified Gastroenterology
Gastroenterology
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PATIENT INFORMATION

Date _____

Name _____ Date of Birth _____ Social Security _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

e-mail address _____

Occupation _____ Employer _____

Person to notify in case of emergency _____ Relationship _____ Phone _____

Insured Information _____ Relationship _____ Phone _____
If different than above

Insurance Company (1) _____ Insurance Company (2) _____

Plan 1 ID Number _____ Plan 2 ID Number _____

Plan 1 Group Number _____ Plan 2 Group Number _____

SOCIAL HISTORY

Do you live: Alone □ With Spouse □ with Family □ Other _____

Religion _____ Marital Status: Married □ Single □ Widowed □ Divorced □

Please Indicate **TOBACCO USE** Yes □ No □

Please indicate **ALCOHOL USE**

How may glasses/cans do you drink _____ daily _____ weekly _____ occasionally

PAST MEDICAL HISTORY: Do you now or have YOU ever had any of the following.

CANCER

□ Colon Cancer
□ Esophageal Cancer
□ Stomach Cancer
□ Breast Cancer
□ Pancreatic Cancer
□ Endometrial Cancer
□ Barrett's Esophagus
□ Liver Cancer
□ Leukemia
□ Lymphoma

LIVER

□ Hemochromatosis
□ Cirrhosis
□ Hepatitis A
□ Hepatitis B
□ Hepatitis C
□ Jaundice
□ Fatty Liver

NEUROLOGICAL

□ Stroke
□ Seizures
□ Migraines
□ Other Headache

RESPIRATORY

□ COPD (Emphysema)
□ Asthma
□ Tuberculosis (TB)
□ Sleep Apnea
□ Collapsed Lung

RENAL

□ Kidney Stones
□ Kidney Failure
□ Dialysis

HEART

□ High Blood Pressure (Hypertension)
□ Heart Attack (Myocardial Infarction)
□ Angina
□ Congestive Heart Failure
□ Premature Heart Disease in Family
□ Palpitations
□ Mitral Valve Prolapse
□ Elevated Triglycerides
□ Elevated Cholesterol (Hyperlipidemia)
□ Rheumatic Fever
□ Heart Valve Disease
□ Endocarditis

ENDCRINOLOGY

□ Diabetes, Type I (Insulin needed)
□ Diabetes Type II (pills needed)
□ Thyroid Disease
□ Hypothyroid
□ Hyperthyroid

MUSCULOSKELETAL

□ Fibromyalgia
□ Osteoarthritis
□ Rheumatoid Arthritis
□ Raynaud's
□ Lupus
□ Sjogrens
□ Scleroderma
□ Gout

GASTROINSTESTINAL

□ IBS-Irritable Bowel Syndrome
□ Diverticulitis
□ Diverticulosis
□ Peptic Ulcer Disease
□ Gallstones
□ GERD
□ IBD –Crohn's
□ IBD –Ulcerative Colitis
□ Pancreatitis
□ GI bleeding
□ Constipation
□ Chronic Liver Disease
□ Colon Polyps

PHYSCHOLOGICAL

□ Bipolar
□ Anxiety
□ Depression
□ Obsessive Compulsive Disorder
□ Schizophrenia

BLOOD

□ VonWillebrands'
□ Hemophilia
□ Bleeding or clotting abnormalities

Hepatitis Risk Factors	
□ IV Drug Abuse □ Borne between 1945 - 1965 □ Received clotting factors made before July 1992 □ History of chronic hemodialysis □ Prior work in the military □ Born to a Hepatitis infected mother □ Healthcare, emergency and public safety workers with needle stick exposure	□ History of abnormal liver tests □ HIV infection □ Tatoo/Body piercing □ Sexually transmitted diseases or multiple sex partners

MEDICATIONS. Please indicate PRESCRIBED and OVER THE COUNTER medications including vitamins, supplements, medicated drops and injections

MEDICATION	DOSE	START DATE	PRESCRIBED BY

SURGICAL PROCEDURES / HOSPITALIZATIONS. Indicate date of any surgeries you have had/

GASTROINTESTINAL _____

GYNECOLOGICAL _____

CARDIAC _____

Hx OF COLONOSCOPY? _____ DATE _____

Hx OF UPPER ENDOSCOPY? _____ DATE _____

OTHER _____

WHAT MEDICAL PROBLEM BROUGHT YOU TO SEE THE DOCTOR TODAY?

_____

_____

_____

WHAT DATE DID THE SYMPTOMS START? _____

WHAT MAKES THE SYMPTOMS BETTER? _____

WHAT MAKES THE SYMPTOMS WORSE? _____

PREVIOUS TREATMENT

Emergency Room YES ☐ NO ☐ WHERE? _____

Doctor's Office YES ☐ NO ☐ WHERE? _____

ALLERGIES

☐ Latex ☐ Penicillin ☐ Sulfa ☐ Iodine ☐ Tetanus Other _____

CHECK ALL DISEASES THAT HAVE OCCURRED IN YOUR FAMILY AND INDICATE FAMILY MEMBER AFFECTED

☐	Cirrhosis of Liver	☐	Colon Polyps	☐	Colorectal Cancer	☐	Chronic Pancreatitis
☐	Acute Pancreatitis	☐	Liver Disease	☐	Gastric Cancer	☐	Ulcerative Colitis
☐	Crohn's Disease	☐	Diabetes, Insulin Dependant	☐	Irritable Bowel Syndrome	☐	Gallstones
☐	Peptic Ulcer Disease	☐	Heart Disease	☐	Breast Cancer	☐	Gynecological Cancer

☐ Other _____