## **Texas Digestive Disease Consultants**

## **Patient Interview Form**

First Name:		Last Name:							
Account #:		D	Date of Birth:						
Age: Gender:	Reason for Today 's visit:								
Current Other Physicia	ns:	_							
Race: White/Ca	ucasian Black/	African American	Asian	Hispanic/Latino					
American	Indian or Alaska Native	Native Hawaiian	or Other Pacific Islander	Mixed					
Other Unknown			Patient declines to provide information						
Ethnicity: O Hispanic	Ethnicity:  Hispanic or Latino  Not Hispanic or Latino		Patient declines to provide information						
Preferred Language:	English	Spanish		Other:					
Contact Preference:	Telephone call	Other:							
Allergies:	Allergies: Patient has no known allergies			Patient has no known drug allergies					
Aspirin	Codeine	O Demerol	Fentanyl	Flagyl					
Olodine	O IV Dye	Cipro Levaquin/Cipro	Morphine	Penicillin					
Sulfa	Versed	Latex		Shellfish					
○ Nuts	Nuts Other:		Manifestations/Read	ctions:					
Immunizations/When?:	None	Hepatitis B:	Hepatitis A:	Influenza:					
	O Pneumovax:	C Tetanus:	Varicella/VZV:	_					
<b>Current Medications:</b>	None								
Name of Medica	ation (Ex: Nexium)	Dosage (E	Ex: mg ) Ho	w often taken? (Ex: 1 pill per day)					
Vitamina Harbal and D	Notan ( Cumplemente)	O None							
Vitamins, Herbal and Dietary Supplements: None									
Pharmacy Name/Address/Phone/Fax—Local and Mail Order									

Past Medical	History: (	○ None											
Cancers: (	Colon	Esopha	ageal	Liver		$\bigcirc$	Small Intest	ine		⊃ Sto	omach		
(	Kidney	O Pancre	eas	Blado	der		Lymphoma			⊃ Lui	ng		
(	Skin	O Prostat	te	◯ Breas	st	$\bigcirc$	Cervical			⊃ Ov	arian		
	Uterine	Other:											
Liver:	Fatty live	er Hepatii	tis A, Active	Hepa	titis B, Active		Hepatitis C,	Active					<del></del> _
	Hepatitis	s, Autoimmune		Other	r:		·						
Digestive: (	Acid Ref	lux			) Barrett 's E	Sopha	gus			◯ Ce	liac Spr	ue	
	Cirrhosis	of Liver		$\overline{c}$	Colon Poly	os			(	Cro	ohn 's I	Disease	
	Oiverticu	litis (Infected	)	$\overline{c}$	Diverticulos	sis				<u></u>	Pylori		
	_	Bowel Syndron		$\overline{c}$	Pancreatitis								
Č	Ulcerativ			$\overline{c}$	Other:								
Miscellaneous:		Anxiety/Panic	Attacks	Arthri	tis		Asthma	а	$\bigcirc$ At	trial Fib	rillation		
	$\circ$	Congestive He	art Failure	Coro	nary Artery Dis	sease	O Depres	sion	$\bigcirc$ D	iabetes	;		
		Emphysema		○ Endo	metriosis		Fibrom	yalgia	$\bigcirc$ G	laucom	na		
	$\bigcirc$	Heart Attack		High	Blood Pressui	re	High C	holesterol	Он	IV			
	$\circ$	Kidney Diseas	е	C Lupus	S		Osteop	enia	$\bigcirc$ $\circ$	steopo	rosis		
		Seizure Disord	ler	Sleep	Apnea		Stroke/	TIA	$\bigcirc$ TI	hyroid,	Overac	tive	
		Thyroid, Under	ractive	Other	r:								<u>-</u> .
Previous Gast	roenterolog	y Procedures	):	None	1								
		Colonoscopy		◯ EGD/	Upper Endos	сору	○ ERCF	•	○ E	Endosco	opic Ultr	asound/E	EUS
		Small Bowel C	apsule	Other	r:								
Surgical Proce	edures:	◯ Nor	ne										_
	Appen	dectomy	C-Sec	tion 🔘 C	Cataract Surge	ery	Colon	Resectio	n 🔿 (	Corona	ry Arter	y Bypass	
	<u> </u>	ary/Stent	$\bigcirc$		Gallbladder Re	•	$\overline{}$	ic Bypass	$\overline{}$				nt/Repair
	$\overline{}$	rrhoidectomy	$\overline{}$	$\overline{}$			$\overline{}$	rectomy,	$\overline{}$			•	•
	_	rectomy, Total	_		., (	,		nal Hernia				- ,	
	•	Surgery/Replac	•	_	Lap Band		$\overline{}$	Transplan					
	Pacer		_	atectomy			$\overline{}$	llectomy	$\sim$		_igation		
	$\overline{}$	Surgery	_	•	Surgery (Belly	-Buttor	$\overline{}$		$\cup$				
	Other:		<u> </u>	iodi i iorriid c	oargory (Borry	Butto	Othe	r·					
Social History:													<u> </u>
•	•		eriad (	Diversed	Canara	.t.a.d	✓ Widowa	.a	Othor				
Marital Status:	Single	_	ried	Divorced	Separa		Widowe	$\sim$	Other				
Alcohol:	○ None	_		•	More th		•		l quit u	•			٠.
Tobacco/Smokii	=	_		_	Curren	•	_	$\overline{}$		7	_		
Davis Harr	$\overline{}$	er, current stati	us unknown	O Unkn	own if ever sn	покеа	Chewir	ng robacc	:0/Snu	(	_) Ciga	ar/Pipe Sr	покег
Drug Use:	None			. 414	<u> </u>		-:				4	-4	
F : !		used recreation							$\stackrel{\smile}{=}$				substance abuse
Family Medica	al History:	Unknown	/Adopted	O No fa	amily history o	t colon	cancer (	⊃ No farr	illy histo	ry of co	olon poly	/ps	
				Maternal	Maternal F	Paternal	Paternal	Maternal I	Matemal P	Paternal	Paternal		
Diagnosis	Mother Fat	her Sister Brothe	r Daughter So	n Grandmothe	r Grandfather G	randmoth	er Grandfather	Aunt	Uncle	<u>Aunt</u>	Uncle	Other	Age at Diagnosis
Colon Cancer	$\circ$		$\circ$	$\circ$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
Colon Polyps	$\circ$		$\circ$		$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	
Crohn 's/Colitis	$\tilde{O}$		$\tilde{O}$		$\tilde{\circ}$	$\bigcirc$		$\bigcirc$	_	$\bigcirc$	$\bigcirc$	$\bigcirc$	
Liver Disease	$\tilde{\mathcal{C}}$		$\tilde{O}$		$\tilde{\circ}$	$\overline{)}$	$\tilde{\circ}$	$\bigcirc$	_	$\bigcirc$	$\bigcirc$	$\bigcirc$	
Uterine Cancer	$\tilde{\mathcal{C}}$		$\tilde{\mathcal{C}}$		$\overline{0}$	$\tilde{O}$	$\overline{0}$	$\widetilde{\bigcirc}$		$\tilde{}$	$\overline{)}$	$\overline{)}$	
Kidney Cancer	$\sim$		$\mathcal{C}$		$\overline{)}$	$\overline{)}$	$\overline{)}$	$\tilde{O}$		$\overline{)}$	$\overline{)}$	$\overline{)}$	
Stomach Cance					0	0	$\overline{)}$	0	_	_	_	_	
Bladder Cancer	$\sim$		$\mathcal{C}$	_	0	$\frac{1}{2}$	0	)	_	$\bigcirc$	$\bigcirc$	0	
Pancreatic Cancer	$\sim$				0	)	0	)(	$\frac{1}{2}$	$\bigcirc$	$\mathcal{O}$	0	
Ovarian Cancer			$\mathcal{C}$			$\mathcal{C}$		$\mathcal{C}$		$\widetilde{}$	$\bigcirc$	00	
- variair Darioei	$\overline{}$		$\overline{}$	$\overline{}$		$\overline{}$		$\sim$		$\overline{}$		$\overline{}$	

## **Review of Systems:**

Please indicate items you are CURRE	NTLY experiencing or "None" if no sym	nptoms exist:
Gastrointestinal None	Cardiovascular	Ear/Nose/Mouth/Throat None
Abdominal pain	Heart murmur	Ouble vision
Anorectal pain/itching	Irregular heart beat	Eye irritation
Black, tarry stools	Hand/ankle swelling	Eye pain
◯ Bloating/gas	Rapid heart rate/palpitations	Eye redness
Blood in stool	Chest pain	Sore throat
Change in bowel habits		Hoarseness
Constipation		Mouth sores
O Diarrhea	Neurological None	Nose bleeds
Incontinence of stool	Frequent headaches	Post-nasal drip
Heartburn/reflux	Memory loss/confusion	Recurrent sinus infections
O Difficulty swallowing	Numbness or tingling	
Nausea		Hematologic/Lymphatic None
─ Vomiting		Anemia
	Endocrine None	Blood transfusions
Genitourinary None	Cold intolerance	Easy bruising
Blood in urine	Excessive thirst	Prolonged bleeding
Oark urine	Heat intolerance	
<ul> <li>Enlarged prostate</li> </ul>		Musculoskeletal None
Frequent urinary infections		Back pain
Heavy menstruation	Constitutional None	O Joint pain
Pain/burning with urination	Chills	
Pregnancy	C Fatigue	Respiratory
Sexually transmitted disease	Fever	Frequent cough
Urinary incontinence	Coss of appetite	Shortness of breath
Frequent urination	Night sweats	Snoring
	Weight gain	Sleep apnea
Integumentary/Skin None	Weight loss	Wheezing
Itching		
Jaundice		Allergic/Immunologic None
Rashes	Psychiatric None	Allergies
Suspicious lesions	Anxiety	HIV exposure
	Bipolar disorder	Immune deficiency
	Depression	
Reviewed with: Patient Parent	Guardian Not present/tele	ephone
Signature:		Date: