Etowah Gastroenterology Associates

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MEDICAL HISTORY

Name: ______________________ Age: ________ Date: ______________

Referring Physician: ______________________________

One of the most important parts of the medical record your doctor keeps about you is a health history concerning your past and present health problems and any personal information which might affect the state of your health. In an attempt to gain insight into your medical needs and problems we are requesting that you answer the following questions. Your answers will be treated confidentially as are all parts of your visit. Take all the time you need to complete this questionnaire. Answer each question as best you can by filling in the information asked. We appreciate your cooperation.

CHIEF COMPLAINT (*describe in your own words the main reason you are seeing the doctor today*):

____

PREVIOUS AND CURRENT MEDICAL ILLNESSES:

____

HISTORY OF PREVIOUS SURGURIES (*List any previous surgeries and date*):

____

PRESENT MEDICATIONS (*List all prescription and nonprescription medications you are currently taking*):

____

ALLERGIES (*List any allergy or precious drug reactions*):

Have you ever had a blood transfusion? ______________

Year you received the transfusion: ______________

SOCIAL HISTORY

- Do you smoke? ☐Yes ☐No
  approximate amount per day ______________
- Do you drink alcohol? ☐Yes ☐No
  approximate amount per day ______________
- Have you ever used any intravenous drugs?
  ☐Yes ☐No
- Have you ever had any tattoos? ☐Yes ☐No
- Have you traveled outside the US within the past year?
  ☐Yes ☐No
  If Yes, where? ______________

FAMILY HISTORY

Is there any family member with any of these diseases?

☐Colon Cancer — Mother, Father, Grandparents, Brother/Sister
☐Crohn's Disease — Mother, Father, Grandparents, Brother/Sister
☐Alcoholism — Mother, Father, Grandparents, Brother/Sister
☐Irritable Bowel (Spastic Colon) — Mother, Father, Grandparents, Brother/Sister
☐Colom Polyps — Mother, Father, Grandparents, Brother/Sister
☐Ulcerative Colitis — Mother, Father, Grandparents, Brother/Sister
☐Liver Disease — Mother, Father, Grandparents, Brother/Sister

REVIEW OF SYSTEM

Please circle only those symptoms that you "frequently" have:

Head and Neck
- Headaches
- Sinus drainage
- Hoarseness

Heart-Cardiovascular
- Cheat Pain
- Palpitations
- Ankles Swell

Lungs-Pulmonary
- Difficulty Breathing
- Chronic Cough
- Spilt-Up Blood

Gastrointestinal
- Abdominal Pains
- Heartburn
- Indigestion
- Slow Digestion
- Nausea
- Difficulty Swallowing
- Appetite Loss
- Weight Loss
- Vomit Blood
- Black Tarry Stools
- Blood from Rectum
- Chronic Diarrhea
- Skin Turns Yellow
- Hepatitis
- Clay Colored Stool
- Hemorrhoids
- Night Sweats
- Bloating

Nervous System
- Depression
- Nervous Breakdown
- Excessive Stress

You may use the back side of this page for any other problems or notes you may want to add to your history.