

GASTROENTEROLOGY		HISTORY AND PHYSICAL	
NAME	SS#	DATE	
ADDRESS		MARITAL STATUS	
PHONE(Home)	WORK PHONE	BIRTH DATE	
HISTORY OF PRESENT ILLNESS		FAMILY HISTORY	

	FATHER	MOTHER	FATHER PARENTS	MOTHER PARENTS	SIBLINGS	CHILDREN
ASTHMA						
HEART DISEASE						
HYPERTENSION						
STROKE						
CANCER						
COLON CANCER/POLYPS						
GLAUCOMA						
DIABETES						
EPILEPSY						
STOMACH ULCER						
KIDNEY DISEASE						
ARTHRITIS						

DRUG ALLERGIES

CURRENT MEDICATIONS

HOSPITALIZATIONS OR SURGERY	
DATE	REASON

PAST MEDICAL HISTORY						
Scarlet fever		Congenital heart disease		Claudication		Menstrual dysfunction
Rheumatic fever		Myocardial infarction		Esophageal stricture		Venereal disease
Allergy/hay fever		Chest pain/angina		Ulcer		Arthritis
Diabetes		Heart palpitations		Liver disease		Gout
Alcoholism		Arrhythmia		Gallbladder disease		Stroke/TIA
Fatigue		Orthopnea		Colon polyps		Epilepsy
Dizziness		Congestive heart failure		GI disorder		Anxiety
Shortness of breath		Heart murmur		Renal disease		Anemia
Asthma		Hypertension		Sexual dysfunction		Endocrine disorder
COPD		Hyperlipidemia		Urologic disorder		Other

HABITS		
Smoke	Packs daily	How long
Exercise routine	Coffee	Cups daily
Alcohol: Type/amount	When stopped	
Diet: Salt	Other caffeine	
	Sleep pattern	
	Cholesterol	