Patient Interview Form

Patient Information

First Name:_____ Last Name:_____

Date Of Birth:_____

Email

Please check one as your preferred email for communications

☐ Personal:_____ ☐ Work:_____

Race

Select one or more

☐ White ☐ Black or African American ☐ Asian ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander

☐ Unknown ☐ Patient declines to specify ☐ Prohibited by state law

Ethnicity

☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Patient declines to specify ☐ Prohibited by state law

Sex

☐ Male ☐ Female ☐ Other

Preferred Language

☐ English ☐ Patient declines to specify

Contact Preference

☐ Letter ☐ EMAIL ☐ Cell ☐ Home ☐ Work

☐ Patient declines to specify Other:_____

Pharmacy

_____

Name Address Phone

Allergies

- ☐ Patient has no known allergies
- ☐ Patient has no known drug allergies
- ☐ Adhesive Tape
- ☐ Codeine Sulfate
- ☐ Erythromycin
- ☐ Penicillins
- ☐ Shellfish
- ☐ Sulfa (Sulfonamide Antibiotics)
- ☐ Latex Gloves, Medium
- ☐ Iodine-Iodine Containing

Current Medications

- ☐ None

Name	Dose	How taken?

Immunizations

- ☐ None
- ☐ Flu vaccine When:_____
- ☐ Hep A When:_____
- ☐ Hep B, adult When:_____
- ☐ pneumovax When:_____
- ☐ TB skin test When:_____

Diagnostic Studies/Tests

- ☐ None
- ☐ Colonoscopy When:_____
- ☐ Endoscopy/EGD When:_____
- ☐ CT Scan Abdomen/Pelvis When:_____
- ☐ MRI of Abdomen/Pelvis When:_____
- ☐ ERCP When:_____
- ☐ Pelvic Ultrasound When:_____
- ☐ Abdominal ultrasound When:_____

Previous Procedures

- ☐ None
- ☐ Gallbladder removed
- ☐ Appendectomy
- ☐ Colon Resection
- ☐ Small bowel resection
- ☐ Exploratory abdominal surgery
- ☐ Gastric Bypass Surgery
- ☐ Lap band surgery
- ☐ Hemorrhoid Surgery
- ☐ Hemorrhoid banding
- ☐ Abdominoplasty
- ☐ Hysterectomy
- ☐ Tubal Ligation
- ☐ Mastectomy
- ☐ Pacemaker Placement
- ☐ Defibrillator Placement
- ☐ Coronary Artery Bypass Grafting (CABG)
- ☐ Abdominal aortic anuerysm (AAA) Repair
- ☐ Heart valve replacement/surgery
- ☐ Cardiac catherization
- ☐ Joint Replacement
- ☐ Back Surgery
- ☐ Fibromyalgia
- ☐ Coronary artery stent
- Other:_____
- Other:_____

Past or Present Medical Conditions

- [ ] None

Gastroenterology/Hepatology

- [ ] Colon polyps
- [ ] Colon cancer
- [ ] Irritable bowel syndrome
- [ ] Crohn's disease
- [ ] Ulcerative colitis
- [ ] GERD/Reflux
- [ ] Barretts esophagus
- [ ] Ulcer disease
- [ ] Hepatitis B
- [ ] Hepatitis C
- [ ] Fatty Liver Disease
- [ ] Cirrhosis/Liver
- [ ] Celiac disease
- [ ] Bowel obstruction
- [ ] Pancreatitis
- [ ] Anemia

Other: _____

Other: _____

Cardiology

- [ ] Coronary Artery Disease
- [ ] Heart Valve Disease
- [ ] Congestive Heart Failure
- [ ] Heart Attack
- [ ] High blood pressure
- [ ] Atrial Fibrillation
- [ ] Vascular Disease
- [ ] High Cholesterol
- [ ] Stroke
- [ ] TIA
- [ ] Coronary Stent
- [ ] Valvular Disease/Implant
- [ ] Pacemaker

Other: _____

Other: _____

Pulmonology

- [ ] C.O.P.D.
- [ ] Asthma
- [ ] Sleep Apnea
- [ ] Blood Clots (leg)
- [ ] Blood Clots (lung)
- [ ] Wheezing
- [ ] Blood Transfusions

Other: _____

Other

- [ ] Anxiety Disorder
- [ ] Arthritis
- [ ] Bipolar Disorder
- [ ] Body Piercings
- [ ] Breast cancer
- [ ] Current Pregnancy
- [ ] Depression
- [ ] Diabetes
- [ ] Fibromyalgia
- [ ] Gout
- [ ] HIV Exposure
- [ ] HIV Infection
- [ ] Hypothyroidism
- [ ] Kidney Disease
- [ ] Kidney Stones
- [ ] Lung Cancer
- [ ] Ovarian Cancer
- [ ] Other Cancer
- [ ] Prostate Cancer
- [ ] Recurrent Infections
- [ ] Seizures
- [ ] Skin Cancer
- [ ] Tattoos

Other: _____

Genetic Testing

- [ ] BRCA1 gene mutation positive
- [ ] HNPCC - hereditary nonpolyposis colorectal cancer

Social History

Marital Status

- [ ] Single
- [ ] Married
- [ ] Divorced
- [ ] Separated
- [ ] Widowed
- [ ] Civil Union
- [ ] Unknown
- [ ] Other

Alcohol

- [ ] None
- [ ] Less than 7 per week
- [ ] More than 7 per week

Caffeine

- [ ] None
- [ ] Occasionally
- [ ] Daily

Tobacco

Smoking Status

- [ ] Current every day smoker
- [ ] Current some day smoker
- [ ] Former smoker
- [ ] Never smoker
- [ ] Smoker,current status unknown
- [ ] Light tobacco smoker
- [ ] Heavy Smoker
- [ ] Unkown if ever smoked

Tobacco Continued

Type	Quantity	Frequency
☐ Cigarettes		
☐ Cigar		
☐ Chewing Tobacco		

Drug Use

☐ None

☐ IV or intranasal drugs currently ☐ IV or intranasal drugs in the past ☐ Recreational drug use

Exercise

☐ None

☐ Routine regular exercise ☐ Occasionally

Family Medical History

☐ No knowledge of family history

No family history of

☐ Celiac Sprue
☐ Colon Polyps
☐ Gallbladder Disease
☐ Liver Disease
☐ Stomach Cancer
☐ Colon cancer
☐ Crohn's Disease
☐ Inflammatory Bowel Disease
☐ Polyps
☐ Ulcerative Colitis

Diagnoses	Mother	Father	Sister	Brother	Grandmother	Grandfather
Celiac Disease	○	○	○	○	○	○
Colon Cancer - prior to age 50	○	○	○	○	○	○
Colon Cancer 50 or older	○	○	○	○	○	○
Colon Polyps	○	○	○	○	○	○
Crohn's Disease	○	○	○	○	○	○
Gallbladder Disease	○	○	○	○	○	○
Liver Disease	○	○	○	○	○	○
Ulcerative Colitis	○	○	○	○	○	○
Stomach Cancer	○	○	○	○	○	○
Irritable bowel syndrome (IBS)	○	○	○	○	○	○
Endometrial cancer - prior to age 50	○	○	○	○	○	○
Uterine cancer - prior to age 50	○	○	○	○	○	○
HNPCC - hereditary nonpolyposis colon cancer	○	○	○	○	○	○
BRCA1 gene mutation positive	○	○	○	○	○	○
Other:						

Consent to Import Medication History

I consent to obtaining a history of my medications purchased at pharmacies.

Yes No

Reviewed with

Patient Parent Guardian Not Present

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