



Gastroenterology and Liver Disease

Patient History

Date _____

Patient _____

Date of Birth _____

Reason for visit _____

Allergies to medication _____

Medications

Medical History

- Artificial material in your body (i.e. Prosthetic hip or artificial heart valve)
- Bleeding problems
- Ulcer Disease
- Heartburn
- Colitis
- Colon Polyps
- Chronic constipation
- Chronic Diarrhea
- Diverticulitis or Diverticulosis
- Hemorrhoids
- Recent antibiotic use
- Hepatitis
- Blood Transfusions When? _____
- Gallstones
- Kidney stones
- Jaundice
- Other: _____
- Pancreatitis
- Heart murmur
- Heart Disease
- Weight loss
- Cancer
- Tuberculosis
- Diabetes
- Thyroid Disorder
- Exposure to industrial toxin
- Foreign Travel
- Smoke How much? _____ How Long? _____
- Alcohol How much? _____
- Coffee Cups per day? _____
- Aspirin or Coumadin

Surgeries

Family History

- Diabetes
- Hypertension
- Cancer
- Kidney Disease
- Lung Disease
- Gallstones
- Ulcers
- Polyps
- Heart Disease
- Liver Disease
- Alcoholism
- Obesity
- Other: _____