PREMIER GASTROENTEROLOGY
CONSULTANTS

YOUR MEDICAL HISTORY

Name: ____________________, ______________________ DOB: ______________Height: _____’ _____”
(Last) (First)

Reason for visit: ____Weight: _________lbs.

CURRENT MEDICAL HISTORY	✓If Yes	PAST MEDICAL HISTORY	✓If yes
DIGESTIVE SYSTEM		Chest Pain (I20.9)	
Difficulty Swallowing/Choking on Food(R13.12)		Difficulty in Breathing (R06.02)	
Painful Swallowing (R13.19)		Heart Valve Disease (I38)	
Heartburn (K21.9)		Irregular Heart Beat (I48.91)	
Belching or Excess Gas (R14.0)		Angioplasty/Stent (Z98.61)	
Hiatus Hernia (K44.9)		Coronary bypass Surgery (I25.10)	
Ulcer Disease (K25.3, K26.3)		Pacemaker (Z95.0)	
Nausea (R11.0) / Vomiting (R11.11)		Hypertension (I10)	
Vomiting Blood (K92.0)		Heart Failure (I50.9)	
Rectal Bleeding (K62.5)		Kidney Failure (N18.2)	
Black Stool (K92.1)		Hiccough (R06.6)	
ABDOMINAL PAIN Generalized abdominal pain (R10.84)		Anxiety (F41.9) / Depression (F34.1)	
Right Upper Abdomen Pain (R10.11)		Diabetes (E11.9)	
Middle Upper Abdomen Pain(R10.13)		Thyroid diseases (E03.9)	
Left Upper Abdomen Pain (R10.12)		Convulsions/ Seizure disorders (G40.909)	
Right Lower Abdomen Pain(R10.31)			

CURRENT MEDICAL HISTORY	✓If Yes
Left Lower Abdomen Pain (R10.32)	
Pain During Passing Bowels (K62.89)	
Diarrhea (K59.1) , (R19.4)	
Constipation (K59.04), (R19.4)	
Divert-iculosis (K57.30)	
Colon Polyps (K63.5), (Z86.010)	
Ulcerative Colitis (K51.011)	
Crohn's Disease (K50.0), (K50.80)	
Pancreatitis (K85.0)	
Unexplained Weight Loss (R63.4)	
LIVER DISEASE	
Abnormal Liver Enzymes (R94.5)	
Hepatitis A (B15.9)	
Hepatitis B (B18.1)	
Hepatitis C (B18.2)	
Fatty Liver (K76.0), (K75.81)	
Liver Cancer (C22.0)	
Gall Stones (K80.20)	
Bile Duct Obstruction (K83.1)	
Cirrhosis (K74.69)	
Liver Transplant (Z94.4)	

PAST SURGICAL HISTORY

Surgeries	Dates

PAST PROCEDURE HISTORY

Procedures / Tests	✓	Dates
EGD (Upper Endoscopy)		
COLONOSCOPY		
CAT SCAN - ABDOMEN		
ULTRASOUND - ABDOMEN		
MRI / MRCP - ABDOMEN		

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FAMILY HISTORY

(Please indicate if mother or father's side)

Type of Disease	Relationship	Age when Diagnosed
Colon cancer/polyps (Z80.0)		
Stomach Cancer(Z80.0)		
Pancreatic Cancer		
Liver Cancer (Z80.0)		
Breast Cancer		
Ovary Cancer		
Uterine Cancer		
Cervical Cancer		
Liver Disease		
Ulcerative Colitis		
Celiac Disease		
Crohn's Disease		
Any Other Disease:________________		

HOSPITALIZATION HISTORY

(Recent inpatient/ER visit)

____

____

MEDICATION LIST

Medication **Dose** **How often**

- ____
- ____
- ____
- ____
- ____
- ____
- ____
- ____
- ____
- ____

Do you take any blood thinners? __________

____

SOCIAL HISTORY

Smoking: Y /N How Much? _______ Howoften? _______ #Years _________If quit, when? _____________

Alcohol: Y/ N How Much? ________How Often? _______# Years _________If quit, when? ____________

Drugs: Y/NHow Much? ________How often? _______ # Years_________If quit, when? ____________
(Including marijuana)

Recent Travel: Y/ N Where? ______________________________________

ALLERGIES: □ Latex □ Dye □ Food ______________________________

Medication Allergies:

____

____

YOUR HEALTHCARE PROVIDERS

Family Doctor: ______________________________________

Lung Specialist:_____________________________ **Cardiologist:** ____________________________

Patient's Signature ____ **Date:**________________________