

# Patient Interview Form



## Patient Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

## 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

## Ethnicity

Hispanic or Latino  Not Hispanic or Latino  Patient declines to specify

## Sex

Male  Female  Other

## Preferred Language

English  Spanish; Castilian  Patient declines to specify Other: \_\_\_\_\_

## Contact Preference

Portal message  Home Phone  Mobile phone  Work phone  Patient declines to specify

## Immunizations

None

Hep A  Hep B

When: \_\_\_\_\_ When: \_\_\_\_\_

## Diagnostic Studies/Tests

- None
- In the past 12 months I have had xRay tests     In the past 12 months I have had Lab tests     Colonoscopy     EGD- Esophagogastroduodenoscopy

## Previous Procedures

None

- Gastrointestinal**
- |   |  |  |   |
|---|--|--|---|
| <input type="radio"/> Appendectomy          | <input type="radio"/> Ulcer surgery                              | <input type="radio"/> Hemorrhoidectomy                     | <input type="radio"/> Hernia repair                 |
| <input type="radio"/> Inguinal Herniorraphy | <input type="radio"/> Gallbladder removed/Cholecystectomy        | <input type="radio"/> Anal Fissure                         |   |
| <input type="radio"/> Adhesion Surgery      | <input type="radio"/> Weight Loss Surgery: Gastric Band/Lap Band | <input type="radio"/> Weight Loss Surgery: Gastric By-Pass | <input type="radio"/> Large Intestine/Colon Surgery |
| <input type="radio"/> ERCP                  | <input type="radio"/> Endoscopic Ultrasound (EUS)                | <input type="radio"/> Liver Biopsy                         | <input type="radio"/> Small Bowel Capsule           |

Other: \_\_\_\_\_

- Cardiovascular Pulmonary**
- |  |  |   |  |
|--|--|---|--|
| <input type="radio"/> Carotid Stent Left     | <input type="radio"/> Coronary Artery Cath           | <input type="radio"/> Heart valve replacement | <input type="radio"/> Cardiac Ablation |
| <input type="radio"/> Aortic Aneurysm Repair | <input type="radio"/> Coronary artery bypass surgery | <input type="radio"/> Pacemaker               | <input type="radio"/> Defibrillator    |

Other: \_\_\_\_\_

- OB/GYN**
- |   |  |  |  |
|---|--|--|--|
| <input type="radio"/> Hysterectomy              | <input type="radio"/> Tubal Ligation             | <input type="radio"/> Breast Aspiration/Biopsy |  |
| <input type="radio"/> Breast Removal/Mastectomy | <input type="radio"/> Ovary Removed/Oophorectomy | Other: _____                                   |  |

- ENT**
- |                                     |                                     |              |  |
|-------------------------------------|-------------------------------------|--------------|--|
| <input type="radio"/> Tonsillectomy | <input type="radio"/> Sinus Surgery | Other: _____ |  |
|-------------------------------------|-------------------------------------|--------------|--|

- Endocrinology**
- |                                     |                                      |   |              |
|-------------------------------------|--------------------------------------|---|--------------|
| <input type="radio"/> Thyroidectomy | <input type="radio"/> Thyroid Biopsy | <input type="radio"/> Parathyroidectomy | Other: _____ |
|-------------------------------------|--------------------------------------|---|--------------|

- Urology**
- |  |   |                                    |   |
|--|---|------------------------------------|---|
| <input type="radio"/> Prostatectomy    | <input type="radio"/> Bladder Resection | <input type="radio"/> Bladder Lift | <input type="radio"/> Bladder Surgery (other) |
| <input type="radio"/> Prostate Surgery | <input type="radio"/> Nephrectomy       | Other: _____                       |   |

- Orthopedic and Neurological**
- |   |   |  |  |
|---|---|--|--|
| <input type="radio"/> Knee Surgery ( Right) | <input type="radio"/> Knee Surgery ( Left ) | <input type="radio"/> Hip Replacement (Right)    | <input type="radio"/> Hip Replacement ( Left ) |
| <input type="radio"/> Shoulder Surgery      | <input type="radio"/> Hand Surgery          | <input type="radio"/> Craniotomy (Brain Surgery) | <input type="radio"/> Spinal Surgery           |

Other: \_\_\_\_\_

### Other Surgery Not Listed

Surgery #1: \_\_\_\_\_

Surgery #2: \_\_\_\_\_

Surgery #3: \_\_\_\_\_

## Past or Present Medical Conditions

None

### Gastrointestinal

- |  |  |   |  |
|--|--|---|--|
| <input type="radio"/> Hepatitis B        | <input type="radio"/> Hepatitis C          | <input type="radio"/> Cirrhosis           | <input type="radio"/> Liver disease            |
| <input type="radio"/> H. Pylori          | <input type="radio"/> Pancreatitis         | <input type="radio"/> Gallstones          | <input type="radio"/> Gastric Cancer           |
| <input type="radio"/> Colon Cancer       | <input type="radio"/> GERD                 | <input type="radio"/> Colitis             | <input type="radio"/> Celiac                   |
| <input type="radio"/> IBS                | <input type="radio"/> Heartburn            | <input type="radio"/> Diverticulitis      | <input type="radio"/> Ulcer                    |
| <input type="radio"/> Crohn's Disease    | <input type="radio"/> Peptic ulcer disease | <input type="radio"/> Barrett's esophagus | <input type="radio"/> Lactose/milk intolerance |
| <input type="radio"/> Ulcerative Colitis | <input type="radio"/> Bile Duct Cancer     | <input type="radio"/> Esophageal Cancer   | <input type="radio"/> Pancreatic Cancer        |

Other: \_\_\_\_\_

### Cardiovascular

- |   |  |   |  |
|---|--|---|--|
| <input type="radio"/> High blood pressure | <input type="radio"/> High cholesterol         | <input type="radio"/> High triglycerides  | <input type="radio"/> Heart attack                   |
| <input type="radio"/> Angina              | <input type="radio"/> Congestive Heart Failure | <input type="radio"/> Atrial Fibrillation | <input type="radio"/> Other heart rhythm disturbance |

Other: \_\_\_\_\_

### Respiratory/Lung

- |  |                                    |                                |                                   |
|--|------------------------------------|--------------------------------|-----------------------------------|
| <input type="radio"/> Chronic bronchitis | <input type="radio"/> Emphysema    | <input type="radio"/> Asthma   | <input type="radio"/> Sleep apnea |
| <input type="radio"/> Pulmonary Edema    | <input type="radio"/> Tuberculosis | <input type="radio"/> C.O.P.D. | Other: _____                      |

### Neurology

- |                                  |                                 |                           |                                |
|----------------------------------|---------------------------------|---------------------------|--------------------------------|
| <input type="radio"/> Migraines  | <input type="radio"/> Stroke    | <input type="radio"/> TIA | <input type="radio"/> Seizures |
| <input type="radio"/> Neuropathy | <input type="radio"/> Alzheimer | Other: _____              |                                |

### Endocrine

- |                                      |                                       |   |                                       |
|--------------------------------------|---------------------------------------|---|---------------------------------------|
| <input type="radio"/> Osteoporosis   | <input type="radio"/> Osteopenia      | <input type="radio"/> Diabetes Mellitus | <input type="radio"/> Hyperthyroidism |
| <input type="radio"/> Hypothyroidism | <input type="radio"/> Thyroid - other | Other: _____                            |                                       |

### Genitourinary

- |                                     |                                      |                           |              |
|-------------------------------------|--------------------------------------|---------------------------|--------------|
| <input type="radio"/> Kidney stones | <input type="radio"/> Kidney failure | <input type="radio"/> STD | Other: _____ |
|-------------------------------------|--------------------------------------|---------------------------|--------------|

### Eye

- |                                |                                 |                                      |  |
|--------------------------------|---------------------------------|--------------------------------------|--|
| <input type="radio"/> Glaucoma | <input type="radio"/> Cataracts | <input type="radio"/> Conjunctivitis | <input type="radio"/> Macular Degeneration |
|--------------------------------|---------------------------------|--------------------------------------|--|

Other: \_\_\_\_\_

### Rheumatology

- |                                 |  |              |
|---------------------------------|--|--------------|
| <input type="radio"/> Arthritis | <input type="radio"/> Autoimmune Disease | Other: _____ |
|---------------------------------|--|--------------|

### Psychology

- |  |                                  |                                     |                                       |
|--|----------------------------------|-------------------------------------|---------------------------------------|
| <input type="radio"/> Anxiety disorder | <input type="radio"/> Depression | <input type="radio"/> Panic attacks | <input type="radio"/> Eating Disorder |
| Other: _____                           |                                  |                                     |                                       |

### Hematology

- |                              |                                      |                           |              |
|------------------------------|--------------------------------------|---------------------------|--------------|
| <input type="radio"/> Anemia | <input type="radio"/> Blood disorder | <input type="radio"/> HIV | Other: _____ |
|------------------------------|--------------------------------------|---------------------------|--------------|

### Oncology

- |                                     |                                       |  |              |
|-------------------------------------|---------------------------------------|--|--------------|
| <input type="radio"/> Breast Cancer | <input type="radio"/> Prostate Cancer | <input type="radio"/> Renal Cell Carcinoma | Other: _____ |
|-------------------------------------|---------------------------------------|--|--------------|

## Pharmacy

Name

Address

Phone

## Current Medications

None

Name

Dose

How taken?

_____	_____	_____
_____	_____	_____
_____	_____	_____

## Allergies

- Patient has no known allergies  Patient has no known drug allergies
- aspirin  Codeine  Demerol  Fentanyl  Flagyl  
 Iodine  Levaquin  Cipro  morphine  Penicillins  
 Sulfa  Versed  Latex  Eggs  Shellfish  
 Nuts  midazolam Other: \_\_\_\_\_

## Social History

Occupation: \_\_\_\_\_ Number of Children: \_\_\_\_\_

### Marital Status

- Single  Married  Divorced  Separated  Widowed  
 Civil Union  Unknown  Other

### Alcohol

- None  
 Less than 7 drinks per week  More than 7 drinks per week  I quit using alcohol

### Drug Use

- None  
 I have used recreational drugs in the past  I am currently using recreational drugs  I have been treated for substance abuse

### Exercise

- None  
 Exercise 1 - 2 days per week  Exercise 3 days or more per week

### Caffeine

- None  
 Daily consumption of beverages containing caffeine  Rarely consume beverages containing caffeine

### Tobacco

- Smoking Status**  Current every day smoker  Current some day smoker  Former smoker  Never smoker  
 Smoker, current status unknown  Light tobacco smoker  Heavy tobacco smoker  Unknown if ever smoked
- Type  
 Cigar  
 Cigarettes

