## PACIFIC GASTROENTEROLOGY MEDICAL ASSOCIATES, INC. **HEALTH QUESTIONNAIRE**

PATIENT INFORMATIO	N											
Name:			С	ate of Birth:	Current Age:							
Today's date:		R	Referring physic									
Troisining priyototain												
Reason of Visit/Chief Complaint:												
ncason or visivonier complaint.												
MEDICAL HISTORY – PAST OR PRESENT ILLNESS												
Gastrointestinal system:  □ Acid Reflux/GERD □ Peptic ulcer □ Helicobacter pylori □ Barrett's esophagus □ Celiac disease												
☐ Acid Reflux/GERD	☐ Peptic ulc		☐ Celiac disease									
☐ Ulcerative colitis	☐ Crohn's di		☐ Hemorrhoids									
☐ Colon Polyp	☐ Colon can		☐ Esophageal cancer		☐ Stomach cancer	☐ Liver cancer						
☐ Hepatitis A	☐ Hepatitis I		☐ Hepatiti		☐ Fatty liver	☐ Cirrhosis of liver						
☐ Gall stones	☐ Pancreatit	tis	☐ Alcoholi	ism	☐ Eating disorder	☐ Lactose intolerance						
Other systems:												
☐ High blood pressure	☐ Heart arte		☐ Irregular heart rhythm		☐ Heart failure	☐ Heart attack (MI)						
☐ Heart murmur	☐ COPD/Em		☐ Asthma		☐ Sleep apnea	☐ Pulmonary embolism						
☐ High cholesterol/Lipid	☐ Bleeding of		☐ Anticoagulant therapy ☐ Hypothyroidism		☐ Anemia	☐ Deep venous clots						
☐ Diabetes mellitus	☐ Pre-diabe		☐ Hypothy	/roidism	☐ Kidney disease	☐ Kidney stones						
☐ Osteoporosis	Osteopen	ia	☐ Osteoarthritis		☐ Rheumatoid arthritis	☐ Spine/disc disease						
☐ Migraine	☐ Anxiety		☐ Depress		☐ Bipolar disorder	<ul><li>☐ Schizophrenia</li><li>☐ TB/Positive PPD</li></ul>						
☐ Seizures ☐ Basal cell skin cancer	☐ Stroke	alin aanaar	☐ Parkins	on's disease	☐ HIV/AIDS	☐ Gout						
List other Illnesses:	□Squamous	s skin cancer	□ Ivielanoi	Ша	☐ Glaucoma							
List other limesses:												
PREVIOUS GASTROIN	TESTINAL P		S		□ No	GI Procedures						
Procedure		Date(s)		Procedure		Date(s)						
☐ Colonoscopy					ndoscopy/EGD							
☐ Sigmoidoscopy				☐ Other	☐ Sigmoidoscopy ☐ Other							
PREVIOUS SURGERIE	S				□ No	Surgeries						
	S	Date(s)		Surgery	□ No	<u> </u>						
Surgery	S	Date(s)		Surgery		Surgeries Date(s)						
Surgery  ☐ Appendectomy	S	Date(s)		☐ Gall bladde	er removal	<u> </u>						
Surgery	S	Date(s)		☐ Gall bladde☐ Laparoscop	er removal	<u> </u>						
Surgery  ☐ Appendectomy ☐ Gastric bypass	S	Date(s)		☐ Gall bladde	er removal by r, abdomen	<u> </u>						
Surgery  ☐ Appendectomy ☐ Gastric bypass ☐ Colon resection ☐ Hemorrhoid surgery ☐ Heart bypass surgery	S	Date(s)		☐ Gall bladde ☐ Laparoscop ☐ Exploratory ☐ Hernia repa	er removal by r, abdomen air, groin (s)	<u> </u>						
Surgery  Appendectomy Gastric bypass Colon resection Hemorrhoid surgery Heart bypass surgery Heart pacemaker	S	Date(s)		☐ Gall bladde ☐ Laparoscop ☐ Exploratory ☐ Hernia repa ☐ Heart stent ☐ AICD/defib	er removal by r, abdomen air, groin (s)	<u> </u>						
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Surgery  Appendectomy Gastric bypass Colon resection Hemorrhoid surgery Heart bypass surgery Heart pacemaker Artificial heart valve Hip Replacement: Le Hysterectomy: Partial Tubal ligation Lasik eye surgery List other Surgeries and surgery Hepatitis B vaccination,  SOCIAL HISTORY Marital status: Single	eft ☐ Right ☐ Complete  their dates:  RY when:	□ Divorced		☐ Gall bladde ☐ Laparoscop ☐ Exploratory ☐ Hernia repa ☐ Heart stent ☐ AlCD/defibi ☐ Tonsillector ☐ Knee replace ☐ Caesarean ☐ Mastectom ☐ Cataract: ☐ Hepatitis ☐ Gall bladde	er removal Dy T, abdomen air, groin (s) rillator my cement: □ Left □ Right section y: □ Left □ Right □ Left □ Right  A vaccination, when:	Date(s)						
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Surgery  Appendectomy Gastric bypass Colon resection Hemorrhoid surgery Heart bypass surgery Heart pacemaker Artificial heart valve Hip Replacement: Le Hysterectomy: Partial Tubal ligation Lasik eye surgery List other Surgeries and states are surgery  IMMUNIZATION HISTO Hepatitis B vaccination,  SOCIAL HISTORY Marital status: Single Occupation: Tobacco Smoking: Ne Current smoker: Dai Alcohol: None	eft	☐ Divorced ☐ Retire ☐ Quit smok ay Numbe	ed □ Disa ing, When: _ er of cigarett rrent # of drii	☐ Gall bladde ☐ Laparoscop ☐ Exploratory ☐ Hernia repa ☐ Heart stent ☐ AlCD/defib ☐ Tonsillector ☐ Knee repla ☐ Caesarean ☐ Mastectom ☐ Cataract: ☐ Hepatitis ☐ Ced ☐ Separa ☐ Separa ☐ Separa ☐ Nes per day: ☐ Conks on a typical	er removal  Dy T, abdomen  air, groin  (s)  rillator  my  cement:	ther Number:						
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Surgery  Appendectomy Gastric bypass Colon resection Hemorrhoid surgery Heart bypass surgery Heart pacemaker Artificial heart valve Hip Replacement: Le Hysterectomy: Partial Tubal ligation Lasik eye surgery List other Surgeries and surgery Social History Marital status: Single Occupation: Tobacco Smoking: Ne Current smoker: Dai Alcohol: None Qui Frequency: 4 Caffeine: None	eft	☐ Divorced ☐ Retire ☐ Quit smok ay Numbe ☐ Cur (week ☐ 2-3 _ cups/day	ed □ Disa ing, When: _ er of cigarett rrent # of dri B days/week □ Tea: _	☐ Gall bladde ☐ Laparoscop ☐ Exploratory ☐ Hernia repa ☐ AICD/defib ☐ Tonsillector ☐ Knee repla ☐ Caesarean ☐ Mastectom ☐ Cataract: ☐ Hepatitis ☐ Hepatitis ☐ Caesarean ☐ Caesarean ☐ Caesarean ☐ Caesarean ☐ Mastectom ☐ Cataract: ☐ Hepatitis ☐ Hepatitis ☐ Separa ☐ Nes per day: ☐ Conks on a typical ☐ 2-4 days/ncups/day	er removal  by y, abdomen air, groin (s) rillator my cement:	ther Number:  21-30						
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Patient Name:						Date	Date of Birth:			
<b>FAMILY HISTORY</b>									Unknow	n □ Adopted
Relative		(A) or d (D)	Colon Cancer	Esophagus Cancer	Stomach Cancer	Liver Cancer	Pancreas Cancer	Ulcerative Colitis	Crohn Disea	
Father										
Mother										
Brother										
Sister										
Son										
Daughter										
Paternal grandmother										
Paternal grandfather  Maternal grandmother										
Maternal grandfather										
Uncle										
Aunt										
Nephew										
Niece										
Cousin										
No known Family hi	story	of: 🗆	Colon can	cer 🗆 Esoi	phageal cand	cer 🗆 S	Stomach can	cer 🗆 Live	er cance	er
	,			isease □ Ulce						
Any comment / relev	vant Fa	amily h	nistory:							
REVIEW OF SYST	EMS:	Plea	se check	appropriate	boxes if vo	u curren	<b>itly</b> have ar	ny of these :	sympto	ims
General/Constitutio		1 100	00 0110011	аррторпасо	boxee ii ye	<u>a <b>Ja</b></u>	ing have an	1, 01 111000	oyp.co	
☐ Fever		☐ Tire	ed/fatigue		Loss of ap	petite	□ Rec	ent weight lo	SS	☐ Recent weight gain
Gastrointestinal sys	stem:							<b>J</b>		
☐ Abdominal pain		☐ Diai	rrhea		Constipatio	n		el habit char	nge	☐ Stool caliber change
□ Rectal bleeding			ick tarry st		- 1 0 0 dai 11 10 d			l/rectal pain		☐ Anal itch
☐ Heartburn		☐ Acid regurgitation			☐ Excessive burping		☐ Nau			□ Vomiting
☐ Difficulty swallowing	ng	☐ Pair	nful swallo	wing	☐ Vomiting blood		☐ Abdominal bloating			☐ Flatulence/gaseous
Cardiovascular:				h 4h	D::			::		Andre something
☐ Chest pain		□ Sho	ortness of	breath	Dizziness/f	ainting	☐ Palp	itations		☐ Ankle swelling
Respiratory:		□ \//b	neezing		Coughing (	un blood	□ Slee	ep apnea		
Eyes/ENT:		U VVI	icczing		Cougning	up blood		р арпеа		
☐ Blurred vision		☐ Los	ss of vision	n   [	Sore throa	t	□ Hoa	rse voice		☐ Nose bleeding
Genitourinary/Kidne	evs:				2 20.000					
☐ Frequent urination		□ Blo	od in urin	e 🗆	Dark urine		☐ Uret	hral dischar	ge	☐ Impotence
Endocrine:							•			·
☐ Heat intolerance		☐ Co	ld intolera	nce 🗆	Excessive	thirst	☐ Exce	ssive hair lo	SS	
Hematologic/Lymph	natic:									
☐ Bleeding gums		□ Exc	cessive br	uising [	Prolonged	bleeding	□ Swo	llen glands/r	nodes	
Musculoskeletal:										
☐ Joint pain		☐ Joi	nt swelling	] [	Joint stiffne	ess	_	er back pain		☐ Neck pain
Neurological:  □ Headache		□ Foir	otina		Tingling/nu	mhnaaa	□ Doro	lysis of limb(	(0)	□ Coizuroo
Psychiatric:		☐ Fair	illig		Tingling/nu	111011622	_   □ Fala	iysis oi iiiilo(	5)	☐ Seizures
☐ Difficulty sleeping		□ Exc	essive str	P88	Panic attac	ks	☐ Suic	idal thoughts		☐ Hallucination
Skin:			0000140 011	C33   L	I amo anao	NO .		dar tribagints	'	- Handemation
Rash		☐ Itch	ina		Hives		☐ Jaun	dice		☐ Skin lesions
Female patients onl	ly:		· <u>ə</u>				_ 0001			2
☐ Abnormal menses		□ Mer	nopause		Oral contra	ceptive	☐ Curr	ently pregna	nt	☐ Vaginal bleeding
	II.		-	-			*		W.	
ADDITIONAL COM	IMEVI.	TS.								
ADDITIONAL CON	INTER									

Date

Signature of Patient/Guardian