



Gastroenterology and Hepatology Specialists, Inc
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PATIENT MEDICAL HISTORY

Please print in blue or black ink.

PATIENT NAME _____ DOB _____

ARE YOU CURRENTLY TAKING MEDICATIONS, EITHER PRESCRIBED OR OVER THE COUNTER? YES NO

PLEASE LIST ALL CURRENT MEDICATIONS, DOSAGE, AND PRESCRIBING DOCTOR. Use separate sheet of paper if more room is needed.

MEDICATION	DOSAGE	PRESCRIBING DOCTOR
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Are you presently taking any of the following medications? (Please check even if you take it infrequently)

- | | | | | | |
|-----------------------------|--------------|------------------------|--------------|--------------|----------------------|
| Celebrex | Aspirin | Coricidin | PAC or APC | Darvon Cmpd | Cope |
| Clinoril | Motrin | Ansaid | Indocin | Meclomen | Nuprin |
| Vioxx | Midol | Anacin | Empirin Cmpd | Alka Seltzer | Bromo Seltzer |
| Birth Control | Advil | Nalfon | Voltaren | Relafen | Bufferin |
| Vanquish | Pepto Bismol | Laxatives | Dolobid | Orudis | Blood Pressure Pills |
| Antibiotics (last 3 months) | | Arthritis Pain Formula | | | |

DO YOU HAVE ANY ALLERGIES OR REACTIONS TO MEDICATION? YES NO

PLEASE LIST ALLERGIES:

NAME OF MEDICATION

REACTION

LIST BRIEFLY YOUR CHIEF COMPLAINT AND ITS' DURATION: _____

PATIENT HEIGHT _____ PATIENT WEIGHT _____ ANY CHANGES IN YOUR WEIGHT IN THE LAST 6 MONTHS? YES NO

SOCIAL HISTORY

DO YOU SMOKE? YES NO FORMER IF YES, HOW MUCH? _____ HOW LONG? _____

DO YOU DRINK ALCOHOL? YES NO FORMER IF YES, WHAT KIND OF ALCOHOL? _____

HOW OFTEN? _____ HOW MUCH? _____

DO YOU DRINK: COFFEE TEA SODA IF YES, HOW MUCH/OFTEN? _____

RECREATIONAL DRUG USE? YES NO IF YES, EXPLAIN: _____

HERBAL SUPPLEMENT USE? YES NO IF YES, HOW MUCH/OFTEN? _____

DIET GUM OR CANDY USE? YES NO IF YES, HOW MUCH/OFTEN? _____

ANY TATTOOS OR BODY PIERCINGS? YES NO IF YES, EXPLAIN: _____

RECENT TRAVEL: OUT OF COUNTRY? OUT OF STATE NONE

IF MARRIED, HOW LONG? _____ HOW MANY CHILDREN? _____

PAST MEDICAL/SURGICAL HISTORY

PLEASE LIST ALL SURGERIES/HOSPITALIZATIONS:

SURGERY/HOSPITALIZATION	REASON	YEAR	HOSPITAL/DOCTOR
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PLEASE LIST MOST RECENT DATE OF TESTING:

TEST	DATE	TEST	DATE
GALLBLADDER X-RAY		COMPLETE PHYSICAL	
UGI SERIES		CHEST X-RAY	
BARIUM ENEMA		ELECTROCARDIOGRAM	
SIGMOIDOSCOPY		PAP SMEAR	
COLONOSCOPY		MAMMOGRAM	
STOOL CHECK FOR OCCULT BLOOD		CHEMISTRY LABS	
PROSTATE BLOOD TEST		LIPID PROFILE	

PATIENT NAME _____ DOB _____

HAVE YOU EVER HAD, OR BEEN TREATED FOR ANY OF THE FOLLOWING?
CHECK ALL THAT APPLY

ANGINA

HEART ATTACK

PACEMAKER

ARTIFICIAL HEART VALVE

HIGH BLOOD PRESSURE

ENLARGED HEART

RHEUMATIC FEVER

CORONARY ARTERY BYPASS
GRAFT

HEART VALVE REPLACEMENT

MITRAL VALVE PROLAPSE

HEART MURMUR

PNEUMONIA

PLEURISY

COUGHING UP BLOOD

TB

SHORTNESS OF BREATH

ASTHMA

CHRONIC BRONCHITIS

EMPHYSEMA

ULCER

RECTAL GAS

HEPATITIS

NAUSEA

VOMITING

JAUNDICE

BELCHING

DUODENAL ULCER-
GASTRIC ULCER

BLOATING

GALLBLADDER DISEASE

GALLSTONES

BLOOD, PUS OR PROTEIN IN
URINE

PROSTATE TROUBLE

KIDNEY STONES

KIDNEY OR BLADDER INFECTION

NEPHRITIS

SEIZURES

NERVOUSNESS

DIZZY SPELLS

TROUBLE SLEEPING

MARITAL AND/OR SEXUAL

FINANCIAL PROBLEMS

IN-LAW PROBLEMS

PERIODS OF DEPRESSION

CRYING SPELLS

SUICIDAL THOUGHTS

PROBLEMS

IMPOTENCE OR DECREASED
SEX DRIVE

ALCOHOL ABUSE

SUBSTANCE ABUSE

HAVE YOU EVER HAD TROUBLE SWALLOWING? YES NO

PLEASE CHECK YES OR NO TO THE FOLLOWING WHEN IT COMES TO YOUR SWALLOWING
DIFFICULTY:

YES NO

LIQUIDS

SOLIDS

INFREQUENT

EVERY MEAL

WHEN NERVOUS

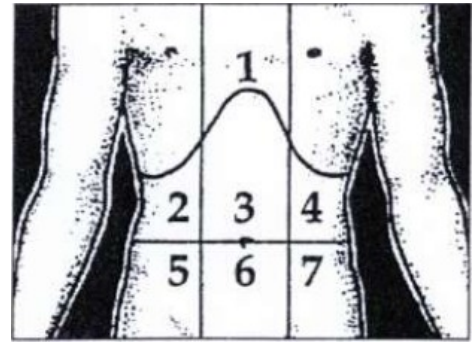
PAIN UPON SWALLOWING

FREQUENT CHEST PAINS

HAVE YOU RECENTLY HAD PAIN IN YOUR STOMACH/ABDOMEN AREA? CHECK WHERE APPROPRIATE

INTERMITTENT
CONSTANT
DULL ACHE
BURNING OR GNAWING
CRAMPING
BROUGHT ON BY FRIED OR GREASY FOOD
RELIEVED BY BOWEL MOVEMENT OR PASSAGE OF GAS

LOSS OF APPETITE
NAUSEA
VOMITING
HEARTBURN, CHEST OR RETROSTERNAL
HEARTBURN, WHAT REGION? _____
OCCURS 1-2 HOURS AFTER MEALS
AWAKENS YOU AT NIGHT
RELIEVED TEMPORARILY BY ANTACIDS
RELIEVED BY TAGAMENT, PEPCID, AXID, PRILOSEC, ACIPHEX, NEXIUM (CIRCLE ANY THAT APPLY)
RELIEVED BY MILK OR EATING
OCCURS WHILE EATING OR IMMEDIATELY AFTER



CIRCLE AREA(S) OF PAIN

ANY CHANGES IN BOWEL PATTERN RECENTLY? YES NO
PLEASE CHECK ALL THAT APPLY:

ALTERNATING DIARRHEA AND CONSTIPATION

PAIN BEFORE, DURING, OR AFTER BM

RIBBON LIKE STOOLS? OR MARBLE, PELLET-LIKE?

MUCUS IN STOOLS?

FREQUENT BRIGHT RED BLOOD IN STOOL (EVERY BM)

BLOOD STREAKED OUTSIDE OF STOOL

BLOOD SPOTTING ON TOILET PAPER

URGENCY TO HAVE A BM

INCONTINENCE

CRAMPY PAIN THE ABDOMEN

PENCIL THIN STOOL

REQUIRE LAXATIVES/ENEMAS FREQUENTLY

SENSE OF INCOMPLET EVACUATION

OCCASIONAL BRIGHT RED BLOOD IN STOOL

BLOOD MIXED IN STOOL

BLOOD DRIPPING INTO THE TOILET

RECTAL PAIN

MILK INTOLERANCE

MENSTRUAL HISTORY (Female patients only)

AGE OF FIRST MENSTRUATION: _____ ARE YOUR PERIODS REGULAR? _____ USUAL DURATION? _____ days

MILD MODERATE HEAVY DATE OF LAST PERIOD? _____

HOW MANY PREGNANCIES? _____ HAVE YOU EVER TAKEN ORAL CONTRACEPTIVES? _____ HOW LONG? _____

HYSTERECTOMY? _____ DATE _____ TUBAL LIGATION? _____ DATE _____

MENAPAUSE? _____ DATE _____ PREGNANCY COMPLICATIONS? _____

PATIENT NAME _____ DOB _____

FAMILY HISTORY PLEASE LIST NAMES, AGES AND HEALTH OF CHILDREN:

NAME	AGE	HEALTH
HERNIA		HIATUS
ULCER		PEPTIC
DISEASE		GALLBLADDR
DISEASE		LIVER
BOWEL		IRRITABLE
		DIVERTICULOSIS
		CHOHNS ULCERATIVE COLITIS OR
		PANCREAS CANCER: ESOPHAGUS, STOMACH,
		COLON CANCER
		COLON POLYPS
		CANCER: BREAST, LUNG, PROSTATE
		DIABETES
		HIGH BLOOD PRESSERE, STROKE
		HEART DISEASE
		CAUSE AND AGE OF DEATH , IF APPLICABLE

- SELF
- MOTHER
- FATHER
- SISTER
- SISTER
- SISTER
- BROTHER
- BROTHER

BROTHER

PATERNAL
GF

PATERNAL
GM

PATERNAL

AUNTS

PATERNAL

UNCLES

MATERNAL

GF

MATERNAL

GM

MATERNAL

AUNTS

MATERNAL

UNCLES