

HEALTH UPDATE

Name _____

DOB _____

| SINCE YOUR LAST OFFICE VISIT AT MAGIC: | Yes | No | Where? |
|--|-----|----|--------|
| (No need to write in details except when asked "where") | | | |
| Have you been diagnosed with a new medical condition? | | | |
| Have you had surgery? | | | |
| Have you stopped smoking (Don't answer if you never smoked) | | | |
| Have you started smoking? | | | |
| Has your alcohol consumption changed significantly? | | | |
| Has a parent or sibling been diagnosed with stomach cancer, colon cancer, Ulcerative Colitis, or Crohn's Disease? | | | |
| Have you discontinued a medication(s)? If so, please list. | | | |
| | | | |
| | | | |
| Have you started a new medication(s)? If so, please list. | | | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| (IF YOU ARE UNCERTAIN ABOUT WHEN YOU STARTED OR STOPPED MEDICATION, PLEASE PROVIDE CURRENT MEDICATION LIST TO RECEPTIONIST OR LIST ON THE BACK OF THIS FORM) | | | |
| | | | |
| IN THE LAST SIX MONTHS: | | | |
| Have you had lab work? | | | |
| Have you had an MRI of the abdomen? | | | |
| Have you had a CT scan of the abdomen? | | | |
| Have you had a Ultrasound of the abdomen or pelvis? | | | |
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