

Office Visit Medical History

Name _____ DOB _____

Please respond "yes" or "no" to the following questions. You do not need to provide any details.

MEDICAL HISTORY	Yes	No		PROCEDURES/SURGERY	Yes	No
Has a doctor diagnosed you with the type of problem below?				Have you ever had the procedure or surgery listed below?		
Neurologic Problem				COLONOSCOPY		
Thyroid Disorder				EGD/Upper ENDOSCOPY		
GI Disorder				Cancer Surgery		
Heart Problem				Transplant Surgery		
Lung or breathing problem				Lung Surgery		
Diabetes				Hiatal Hernia Surgery		
Kidney Problem				Stomach Surgery		
Bladder Problem				Bowel or Hernia surgery		
Arthritis				Appendectomy		
High Cholesterol				Pancreatic Surgery		
Spine Problem				Liver Surgery		
Osteoporosis				Kidney Surgery		
Cancer				Gallbladder Surgery		
Psoriasis or skin condition				Back Surgery		
HIV/AIDS				Splenectomy		
Anxiety				Gynecologic Surgery		
Bipolar Disorder				Prostate Surgery		
Depression				Vascular Surgery		
Circulation problem in legs				Joint Surgery		
Blood Clot or DVT				Brain Surgery		
Blood Disorder or leukemia				Heart Surgery		
High Blood Pressure				Vascular Surgery		
Other Problem				Other Surgery		

PLEASE COMPLETE REVERSE SIDE OF THIS FORM

ALLERGIES	YES	NO
I develop a skin rash when exposed to Latex		
I develop difficulty breathing/swelling when exposed to Latex		
I develop a skin rash with some medication		
(If yes, please list) 1) _____ 2) _____		
I develop difficulty breathing/swelling with some medication		
(If yes, please list) 1) _____ 2) _____		

MEDICATIONS Please provide a list to our receptionist OR list below.

Medication Name	Dosage
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

SOCIAL HISTORY	YES	NO
Do you currently smoke cigarettes?		
Are you a former smoker?		
Do you drink any alcohol currently?		
If you don't drink currently, did you previously drink alcohol?		
FAMILY HISTORY	YES	NO
Has your parent or sibling been diagnosed with stomach or colon cancer?		
Has your aunt/uncle or grandparent been diagnosed with stomach or colon cancer?		
Has any family member been diagnosed with Crohn's disease or Ulcerative Colitis?		

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