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# Patient Interview Form

## Patient Information

First Name:_____ Last Name:_____

MRN:_____ Date Of Birth:_____

Age:_____ Notes:_____

**Race**

- ☐ White/Caucasian
- ☐ Black or African American
- ☐ Asian
- ☐ Hispanic or Latino
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Mixed
- ☐ Other
- ☐ Unknown
- ☐ Patient declines to provide information

**Ethnicity**

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Patient declines to provide information

**Gender**

- ☐ Male
- ☐ Female
- ☐ Other

**Preferred Language**

- ☐ English
- Other:_____

**Contact Preference**

- ☐ Letter
- ☐ Telephone call
- ☐ e-mail
- Other:_____

## Allergies

- ☐ Patient has no known allergies
- ☐ Patient has no known drug allergies
- ☐ Demerol
- ☐ IVP Dye
- ☐ Latex
- ☐ Penicillins
- ☐ Propofol
- ☐ Sulfa (Sulfonamides)
- ☐ Versed
- Other:_____
- Other:_____

## Immunizations

- ☐ None

| | | | |
|---|---|---|---|
| ⬭ Flu Vaccine | ⬭ Hep B | ⬭ PPD/TB Skin Test | ⬭ Pneumonia Vaccine |
| When:_____ | When:_____ | When:_____ | When:_____ |

## Pharmacy

Name:_____

## Current Medications

☐ None

| Name | Dose | How taken? |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
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| | | |
| | | |

## Diagnostic Studies/Tests

☐ None

☐ Abdominal Ultrasound When:_____

☐ Barium Swallow When:_____

☐ Colonoscopy When:_____

☐ CT Abdomen When:_____

☐ HIDA Scan When:_____

☐ Sigmoidoscopy When:_____

☐ Test for Blood in Stool When:_____

☐ Upper Endoscopy/EGD When:_____

☐ Esophageal Motility Study When:_____

Other:_____

## Previous Procedures

☐ None

☐ Appendectomy/Appendix When:_____

☐ Cholecystectomy/Gallbladder When:_____

☐ Colon Surgery When:_____

☐ Defibrillator When:_____

☐ Gastric Bypass When:_____

☐ Heart Bypass When:_____

☐ Heart Valve Replacement When:_____

☐ Hemorrhoid Surgery When:_____

☐ Hernia Repair When:_____

☐ Hysterectomy When:_____

☐ Pacemaker When:_____

☐ Paracentesis When:_____

☐ Prostate Surgery When:_____

Other:_____

Other:_____

## Past or Present Medical Conditions

- [ ] None

- [ ] Anemia
- [ ] Anxiety/Depression
- [ ] Arthritis
- [ ] Atrial Fibrillation
- [ ] Barrett's Esophagus
- [ ] Bleeding Disorders
- [ ] Blood Clots (DVT)
- [ ] Cancer
- [ ] Celiac Disease
- [ ] Cirrhosis
- [ ] Colon Polyps
- [ ] Congestive Heart Failure
- [ ] Crohn's Disease
- [ ] Diabetes (Insulin Dependent)
- [ ] Diabetes (Non Insulin Dependent)
- [ ] Diverticulitis/Diverticulosis
- [ ] Gallstones
- [ ] GERD or reflux disease
- [ ] GI Bleeding
- [ ] Heart Attack
- [ ] Hemorrhoids
- [ ] Hepatitis C
- [ ] High Blood Pressure
- [ ] HIV
- [ ] Irritable Bowel Syndrome
- [ ] Kidney Dialysis
- [ ] Liver Disease
- [ ] Pancreatitis
- [ ] Pulmonary Embolism
- [ ] Seizure Disorder
- [ ] Stroke
- [ ] Ulcer Disease
- [ ] Ulcerative Colitis

Other: _____

Other: _____

## Social History

Occupation: _____

**Marital Status**

- [ ] Single
- [ ] Married
- [ ] Divorced
- [ ] Separated
- [ ] Widowed
- [ ] Civil Union
- [ ] Unknown
- [ ] Other

**Alcohol**

- [ ] None

| Type | Quantity | Number | Frequency |
|---|---|---|---|
| | | | |

**Tobacco**

**Smoking Status**

- [ ] Current every day smoker
- [ ] Current some day smoker
- [ ] Former smoker
- [ ] Never smoker
- [ ] Smoker, current status unknown
- [ ] Unknown if ever smoked

**Drug Use**

- [ ] None

| Type | Quantity | Number | Frequency |
|---|---|---|---|
| | | | |

## Family Medical History

☐ No knowledge of family history

| Health Status | Mother | Father | Sister | Brother | Daughter | Son |
|---|---|---|---|---|---|---|
| Cause of Death | | | | | | |
| **Diagnoses** | | | | | | |
| Gallstones | ○ | ○ | ○ | ○ | ○ | ○ |
| Pancreas problems | ○ | ○ | ○ | ○ | ○ | ○ |
| Liver disease | ○ | ○ | ○ | ○ | ○ | ○ |
| Colon polyps | ○ | ○ | ○ | ○ | ○ | ○ |
| Colon cancer | ○ | ○ | ○ | ○ | ○ | ○ |
| Crohn's disease | ○ | ○ | ○ | ○ | ○ | ○ |
| Ulcerative colitis | ○ | ○ | ○ | ○ | ○ | ○ |
| Stomach ulcers | ○ | ○ | ○ | ○ | ○ | ○ |
| Other: | ○ | ○ | ○ | ○ | ○ | ○ |

## Review Of Systems

| | Yes | No |
|---|---|---|
| **Constitutional** | | |
| ☐ None | | |
| chronic fatigue | ○ | ○ |
| fever | ○ | ○ |
| weight loss | ○ | ○ |
| **Integumentary** | | |
| ☐ None | | |
| bruising | ○ | ○ |
| rash | ○ | ○ |
| **Hematologic/Lymphatic** | | |
| ☐ None | | |
| anemia | ○ | ○ |
| blood disorders | ○ | ○ |
| easy bleeding | ○ | ○ |
| **Musculoskeletal** | | |
| ☐ None | | |
| weakness | ○ | ○ |
| back pain | ○ | ○ |
| joint pain | ○ | ○ |

| | Yes | No |
|---|---|---|
| **ENMT** | | |
| ☐ None | | |
| deafness | ○ | ○ |
| dizziness | ○ | ○ |
| mouth or throat sores | ○ | ○ |
| hoarseness | ○ | ○ |
| **Respiratory** | | |
| ☐ None | | |
| asthma | ○ | ○ |
| wheezing | ○ | ○ |
| cough | ○ | ○ |
| shortness of breath | ○ | ○ |
| **Cardiovascular** | | |
| ☐ None | | |
| chest pain | ○ | ○ |
| palpitations | ○ | ○ |

| | Yes | No |
|---|---|---|
| **Gastrointestinal** | | |
| ☐ None | | |
| diarrhea | ○ | ○ |
| constipation | ○ | ○ |
| heartburn | ○ | ○ |
| stomach cramps | ○ | ○ |
| nausea | ○ | ○ |
| vomiting | ○ | ○ |
| blood in stool | ○ | ○ |
| blood on the tissue paper | ○ | ○ |
| bloating | ○ | ○ |
| jaundice | ○ | ○ |
| gas | ○ | ○ |
| trouble swallowing | ○ | ○ |
| **Genitourinary** | | |
| ☐ None | | |
| increased urinary frequency | ○ | ○ |
| change in urine color | ○ | ○ |
| prostate problems | ○ | ○ |
| **Neurological** | | |
| ☐ None | | |
| stroke | ○ | ○ |
| numbness | ○ | ○ |
| **Psychiatric** | | |
| ☐ None | | |
| bad nerves | ○ | ○ |
| depression | ○ | ○ |