

East Bank Gastroenterology

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LaPlace

Metairie

Date: MM/DD ____/____/2011

Name _____ Age _____ Sex: M / F

Reason for visit: _____

Referred by Dr.: _____ Primary Dr.: _____

I also see Dr.: _____ Dr: _____

Current medications: { see updated list following this page }

1) _____ mg _____ times/day 4) _____ mg _____ times/day

2) _____ mg _____ times/day 5) _____ mg _____ times/day

3) _____ mg _____ times/day 6) _____ mg _____ times/day

More: _____

MEDICATION ALLERGIES: (None) _____

ENDOSCOPIC HISTORY: Last colonoscopy: (Year) _____, performed by Dr. _____

at (facility)_____. Polyps / Cancer found? Yes / No

Last Upper Endoscopy (EGD): (Year) _____, performed by Dr. _____

at (facility)_____. Diagnosis: _____

MEDICAL HISTORY: (Surgery / Medical) {transfusion Y / N; Jaundice Y / N; Hepatitis Y / N}

SOCIAL HISTORY: Tobacco: Never / Yes, # _____ packs/day x _____ years / Quit _____ years ago

Alcohol: Never / Yes, # _____ drinks / beers per day / week Disabled: (began _____)

Married / Single / Widowed / Divorced Retired / Occupation: _____
Live alone

FAMILY HISTORY (answer Yes or NO): Colon cancer _____ (family member: _____)

Colon polyps _____ Ulcers _____ Liver disease _____

Inflammatory bowel disease _____ Diabetes _____ High Blood Pressure _____ Heart Disease _____

Other: _____

History & Physical

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Review of Systems: ("X" all that apply)

GASTROINTESTINAL

➤ NML Bowel Hx.: _____

- Diarrhea Constipation
- Change in bowel habits
- Blood in stool Melena
- Blood in toilet Blood on tissue
- Bloody diarrhea Rectal pain
- Rectal infections
- Soiling / incontinence Hemorrhoids
- Difficulty evacuating
- Change in stool caliber
- Abdominal bloating
- Increased gas (flatus)

- Increased gas (belching)
- Heartburn
- Dysphagia: solids / liquids / both
- Odynophagia Waterbrash
- Acid regurgitation Dyspepsia
- Early satiety Nausea
- Vomiting
- Nocturnal awakening associated with above

GENERAL

- Fevers Chills
- Sweats
- None of the above
- Weight loss / gain / stable
(_____lb in last 3 months)

Muscle / Joint

- Arthritis (type: _____)
- Weakness in _____
- Fused Joint _____
- None of the above

RESPIRATORY

- Asthma: Adult onset / lifelong
- Bronchitis Emphysema / COPD
- Shortness of breath
- Productive cough Non-productive cough
- None of the above

CARDIOVASCULAR

- High blood pressure
- Heart attack (year(s) _____)
- Irregular heart beat Rapid heart beat
- Mitral valve prolapse Other valve disease
- Leg swelling
- None of the above

ENDOCRINE

- Diabetes (insulin Y / N)
- Hypo / hyperthyroid
- Steroid use (dose: _____; duration: _____)
- None of the above

NEUROLOGIC

- Permanent stroke Transient stroke (TIA)
- Seizures Low back pain Neck pain
- None of the above

REPRODUCTIVE

- Erectile dysfunction
- Hysterectomy (TAH / TVH / BSO)
- Pregnancy (G ____ P ____)
- C-section
- Still menstruating
- None of the above

Genito-urinary

- Painful urination Increased frequency
- Blood in urine Air in urine
- recurrent bladder / kidney infections
- Incontinence of urine Dialysis (began: _____)
- Transplant (Year: _____)
- None of the above

Name _____

Patient signature: _____

Date: __/__/2011

Reviewed with patient and agree with above:

Dr. Barrilleaux _____ Date: __/__/2011

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