Nanticoke Gastroenterology, P.A.
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Patient Interview Form

Patient Information

First Name:_____ Last Name:_____

Date Of Birth:_____ Age:_____

Notes:_____

Contact Preference

- ☐ Cell Phone
- ☐ Home Phone

Preferred Language

- ☐ English
- ☐ Spanish
- ☐ Creole
- ☐ French
- Other:_____

Ethnicity

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

Gender

- ☐ Male
- ☐ Female
- ☐ Other

Past or Present Medical Conditions

- ☐ None
- ☐ Atrial Fibrilation
- ☐ Asthma
- ☐ Alzheimer
- ☐ Anxiety disorder
- ☐ Anemia
- ☐ Barrett's Esophagus
- ☐ Bipolar disorder
- ☐ breast diseases
- ☐ Colon polyps
- ☐ Congestive Heart Failure
- ☐ Crohn's Disease
- ☐ Coronary Artery Disease
- ☐ Dementia
- ☐ Depression
- ☐ Diverticulitis
- ☐ Diverticulosis
- ☐ Diabetes: Diet controlled
- ☐ Diabetes: Pill controlled
- ☐ Diabetes:Insulin controlled
- ☐ bladder or urination problems
- ☐ Enlarged Prostate (BPH)
- ☐ Esophageal Stricture
- ☐ Esophagitis
- ☐ Fatty Liver
- ☐ Gallstones
- ☐ Glaucoma
- ☐ Gout
- ☐ Heart Murmurs
- ☐ Hemorrhoids
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ Hiatal hernia
- ☐ High blood pressure
- ☐ High Triglycerides
- ☐ High Cholesterol
- ☐ HIV/AIDS
- ☐ Irregular Heartbeat
- ☐ Irritable Bowel
- ☐ Kidney Disease
- ☐ Kidney Dialysis
- ☐ Lactose Intolerance
- ☐ Migraines
- ☐ Osteoporosis
- ☐ Palpitations
- ☐ Pancreatitis
- ☐ Paralysis
- ☐ Parkinsons
- ☐ Problems with Anesthesia
- ☐ Reflux
- ☐ Schizophrenia
- ☐ Seizures
- ☐ Sleep apnea
- ☐ Ulcers
- ☐ Stroke/TIA
- ☐ Tuberculosis exposure
- ☐ Thyroid disorder
- ☐ Uterine Cancer
- ☐ blood clots
- ☐ cancer
- ☐ colon cancer
- ☐ Arthritis
- ☐ MRSA
- ☐ C-difficile infection
- ☐ Ulcerative colitis
- ☐ Heart Attack
- ☐ Heart valve replacements
- ☐ COPD
- ☐ Autoimmune Disease
- ☐ H Plyori Infection
- ☐ seasonal allergies

Other:_____

Previous Procedures

- ☐ None
- ☐ Appendectomy
- ☐ C-Section
- ☐ Cataract surgery
- ☐ Colon Resection
- ☐ AICD/Defibrillator
- ☐ Gallbladder removed
- ☐ Heart Bypass Surgery
- ☐ Heart Stent
- ☐ Hemorrhoidectomy
- ☐ Heart Valve Replacement
- ☐ Hysterectomy
- ☐ Kidney procedure
- ☐ Liver Biopsy
- ☐ Mastectomy
- ☐ Obesity Surgery
- ☐ Tonsillectomy
- ☐ Pacemaker
- ☐ Prostate surgery
- ☐ Stomach Surgery
- ☐ Thyroid surgery
- ☐ Transplant Surgery
- ☐ Tubal Ligation
- ☐ Esophagus Dilation
- ☐ Joint Replacements
- ☐ Insertion of any metal, pins, screws
- ☐ Insertion of any ports, filters, shunts
- ☐ Amputations
- ☐ Lung surgery

Other: _____

Diagnostic Studies/Tests

- ☐ None
- ☐ Colonoscopy
  When: _____
- ☐ Upper Endoscopy
  When: _____
- ☐ Cardiac catheterization or stress test
  When: _____

Allergies

- ☐ Patient has no known allergies
- ☐ Patient has no known drug allergies
- ☐ Latex
- ☐ Propofol
- ☐ Midazolam (Versed)
- ☐ Opioids - Morphine Analogues
- ☐ Soybean Products
- ☐ Eggs
- ☐ Food Allergies
- ☐ Environmental Allergies

Other: _____

Immunizations

- ☐ None
- ☐ Flu vaccine
  When: _____
- ☐ Pneumonia
  When: _____
- ☐ Hep B
  When: _____
- ☐ Tb Test
  When: _____
- ☐ Shingles
  When: _____

Current Medications

- ☐ None

Name	Dose	How taken?

Family Medical History

☐ No knowledge of family history

No family history of ☐ Colon cancer ☐ Polyps

	Mother	Father	Sister	Brother	Daughter	Son	Grandmother	Grandfather
Diagnoses								
Colon Polyps	○	○	○	○	○	○	○	○
Colon Cancer	○	○	○	○	○	○	○	○
Esophageal Cancer	○	○	○	○	○	○	○	○
Stomach Cancer	○	○	○	○	○	○	○	○
Stomach Ulcers	○	○	○	○	○	○	○	○
Crohn's Disease of Colon	○	○	○	○	○	○	○	○
Ulcerative Colitis	○	○	○	○	○	○	○	○
Gall Bladder Disease	○	○	○	○	○	○	○	○
Liver Disease	○	○	○	○	○	○	○	○
Pancreatic Cancer	○	○	○	○	○	○	○	○
Heart Disease	○	○	○	○	○	○	○	○
Other:	○	○	○	○	○	○	○	○

Social History

Occupation:_____ Number of Children:_____

Alcohol

☐ None

Type	Quantity	Number	Frequency
☐ Wine			
☐ Beer			
☐ Liquor			

Caffeine

☐ None

☐ Coffee ☐ Tea ☐ Soda ☐ Energy Drinks

Intake:_____

Tobacco

Smoking Status

☐ Current every day smoker ☐ Current some day smoker ☐ Former smoker ☐ Never smoker

☐ Smoker, current status unknown ☐ Unknown if ever smoked

Type	Started	Quit	Quantity	Frequency
☐ Cigarettes				
☐ Other				

Drug Use

☐ None