WASHINGTON GASTROENTEROLOGY

PATIENT INTERVIEW

Patient First Name ______________________ Patient Last Name ______________________

Date of Birth ______________________ Email ______________________

Race (Select one or more)

- ❑ White
- ❑ Black or African American
- ❑ American Indian or Alaska Native
- ❑ Asian
- ❑ Patient declines to specify
- ❑ Native Hawaiian or other Pacific Islander
- ❑ Unknown
- ❑ Other

Ethnicity

- ❑ Hispanic or Latino
- ❑ Not Hispanic or Latino
- ❑ Patient declines to specify
- ❑ Unknown

Gender

- ❑ Male
- ❑ Female
- ❑ Other

Preferred Language

- ❑ Chinese
- ❑ English
- ❑ Central Khmer
- ❑ Korean
- ❑ Patient declines to specify
- ❑ Spanish; Castilian
- ❑ Tagalog
- ❑ Vietnamese
- ❑ Russian

Contact Preference

- ❑ Home Phone
- ❑ Mobile Phone
- ❑ Patient Portal
- ❑ All preferences are acceptable
- ❑ Letter
- ❑ Patient declines to specify

Allergies

- ❑ Patient has no known allergies
- ❑ Patient has no known drug allergies
- ❑ Nickel
  Reaction ______________
- ❑ Eggs
  Reaction ______________
- ❑ Latex
  Reaction ______________
- ❑ Soy
  Reaction ______________
- ❑ Aspirin
  Reaction ______________
- ❑ IV Contrast
  Reaction ______________
- ❑ Penicillins
  Reaction ______________
- ❑ Sulfa (Sulfonamide Antibiotics)
  Reaction ______________
- ❑ Peanuts
  Reaction ______________
- ❑ Surgical tape
  Reaction ______________
- ❑ NSAIDS (Non-steroidal anti-inflammatory drugs)
  Reaction ______________

Other ______________ Reaction ______________

Pharmacy

____

Name Address Phone

Consent to Import Medication History

I give consent to obtain a history of my medications purchased at pharmacies.

❑ Yes ❑ No

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Current Medications

❑ None

Medication Name	Dose	How many times per day?

Immunizations

❑ None

❑ Hepatitis A
When ____________

❑ Hepatitis B
When ____________

❑ Flu Vaccine
When ____________

❑ Pneumococcal
When ____________

Diagnostic Studies/Tests

❑ None

❑ Colonoscopy
When ____________

❑ EGD (Upper Endoscopy)
When ____________

❑ ERCP (Endoscopic exam of the bile ducts)
When ____________

❑ Flexible Sigmoidoscopy
When ____________

❑ Capsule Endoscopy
When ____________

❑ Barium Enema
When ____________

❑ CT Scan - Abdomen/ Pelvis
When ____________

❑ Endoscopic Ultrasound - Lower (EUS)
When ____________

❑ Endoscopic Ultrasound - Upper (EUS)
When ____________

❑ Esophagram
When ____________

❑ HIDA Scan
When ____________

❑ Liver Biopsy
When ____________

❑ MRI - Abdomen/Pelvis
When ____________

❑ Ultrasound - Abdomen
When ____________

Past or Present Medical Conditions

❑ None

General	❑ Does not accept blood products	❑ Blood thinner (other than aspirin)	❑ Defibrillator ❑ Pacemaker	❑ Home oxygen
	Other ______________________________			
Cardiovascular	❑ Abdominal Aortic Anuerysm ❑ Heart attack ❑ Hypertension	❑ Atrial fibrillation ❑ Heart valve disorder ❑ Peripheral vascular disease	❑ Congestive heart failure ❑ High cholesterol	❑ Coronary artery disease ❑ Hyperlipidemia
	Other ______________________________			
Endocrine	❑ Type 1 diabetes mellitus	❑ Type 2 diabetes mellitus	❑ Thyroid disease	
	Other ______________________________			
Gastrointestinal	❑ Barrett's esophagus ❑ Cirrhosis ❑ Gallstones ❑ H. Pylori Infection ❑ Irritable bowel syndrome	❑ Colon cancer ❑ Crohn's disease ❑ Gastroparesis ❑ Hepatitis A ❑ Pancreatitis	❑ Colon polyps ❑ Diverticulitis ❑ Gastric ulcer ❑ Hepatitis B ❑ Ulcer disease	❑ Celiac disease / Sprue ❑ Fatty liver ❑ GERD (gastroesophageal reflux disease) ❑ Hepatitis C ❑ Ulcerative colitis
	Other ______________________________			
Neurological	❑ Seizure disorder	❑ Stroke	❑ TIA (mini-stroke)	
	Other ______________________________			
Pulmonary	❑ Asthma ❑ Pulmonary embolism (blood clot-lung)	❑ Chronic bronchitis ❑ Sleep apnea	❑ COPD	❑ Emphysema
	Other ______________________________			
Other	❑ Anemia ❑ Chronic kidney disease ❑ HIV/AIDS ❑ Osteoporosis ❑ Rheumatoid arthritis	❑ Arthritis ❑ Depression ❑ Kidney stones ❑ Ovarian cancer ❑ Skin cancer	❑ Bipolar disorder ❑ DVT (deep vein thrombosis) ❑ Liver cancer ❑ Pancreatic cancer ❑ Uterine cancer	❑ Breast cancer ❑ Fibromyalgia ❑ Lung cancer ❑ Prostate cancer ❑ Self-catheterizes urinary bladder
	Other ______________________________			

Previous Procedures

❑ None

❑ Abdominal Aortic Anuerysm (AAA) repair	❑ Appendectomy	❑ Blood transfusion (prior to 1992)
❑ C-section	❑ Cholecystectomy (gallbladder removal)	❑ Colon resection
❑ Coronary artery bypass grafting (CABG)	❑ Exploratory abdominal surgery	❑ Gastric pacemaker
❑ Heart stent	❑ Heart valve replacement/surgery	❑ Hemorrhoid surgery
❑ Hernia repair (abdominal)	❑ Hernia repair (hiatal)	❑ Hysterectomy
❑ Implanted medical device	❑ Lap band surgery	❑ Liver biopsy
❑ Lung resection	❑ Pancreas surgery	❑ Reflux surgery
❑ Small bowel resection	❑ Weight loss surgery (bariatric)	

Other ____

Social History

Occupation ______________________________

Marital Status

❑ Single ❑ Married ❑ Divorced ❑ Separated ❑ Widowed ❑ Civil Union

Other ______________________________

Alcohol

❑ None ❑ Occasional ❑ Social ❑ Moderate ❑ Heavy ❑ Recovering alcoholic

Caffeine

❑ None Intake ______________________________

Tobacco (Smoking Status)

❑ Current, every day smoker ❑ Current some days smoker ❑ Former smoker ❑ Never smoked
❑ Smoker, current status unknown ❑ Light tobacco smoker ❑ Heavy tobacco smoker ❑ Unknown if ever smoked
❑ Chewing Tobacco ❑ Smokeless

Drug Use

❑ None ❑ History of IV drug use ❑ Current recreational drug use ❑ Former recreational drug use ❑ Current use of marijuana

Family Medical History

❑ No knowledge of family history

No family history of: ❑ Colon cancer ❑ Crohn's disease ❑ Ulcerative colitis ❑ Colon polyps ❑ Liver disease

Diagnoses	Mother	Father	Sister	Brother	Daughter	Son	Other
Colon cancer							
Colon polyps							
Crohn's disease							
Liver disease							
Ulcerative colitis							

Review of Systems

Cardiovascular

❑ None	Y	N
Chest pain	❑	❑
Irregular heart beat	❑	❑
Swelling of legs or feet	❑	❑

Constitutional

❑ None	Y	N
Fatigue	❑	❑
Fever	❑	❑
Weight gain	❑	❑
Weight loss	❑	❑

Ear Nose Mouth Throat

❑ None	Y	N
Difficulty swallowing	❑	❑
Sore throat	❑	❑
Hearing loss	❑	❑

Endocrine

❑ None	Y	N
Excessive thirst	❑	❑
Heat intolerance	❑	❑

Gastrointestinal

❑ None	Y	N
Abdominal pain	❑	❑
Constipation	❑	❑
Diarrhea	❑	❑
Gas	❑	❑
Heartburn	❑	❑
Nausea	❑	❑
Rectal bleeding	❑	❑
Vomiting	❑	❑
Rectal pain	❑	❑
Vomiting of blood	❑	❑
Black stools	❑	❑
Leakage of stool	❑	❑

Hematologic/Lymphatic

❑ None	Y	N
Easy bruising	❑	❑
Enlarged/swollen glands	❑	❑

Integumentary

❑ None	Y	N
Itching	❑	❑
Yellow skin or eyes	❑	❑
Rashes	❑	❑

Musculoskeletal

❑ None	Y	N
Back pain	❑	❑
Joint pain	❑	❑
Muscle weakness	❑	❑

Psychiatric

❑ None	Y	N
Anxiety	❑	❑
Depression	❑	❑

Respiratory

❑ None	Y	N
Cough	❑	❑
Wheezing	❑	❑
Coughing up sputum	❑	❑
Dyspnea (shortness of breath)	❑	❑
Hemoptysis (coughing up blood)	❑	❑

Office Use Only

Reviewed with ❑ Patient ❑ Parent ❑ Guardian ❑ Not Present