

The Gastroenterology Group, Inc™

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Patient Interview Form

Patient Information

First Name: _____ Last Name: _____

Date Of Birth: _____

Email

Personal: _____

Race

Select one or more

- White Black or African American Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
- Unknown Patient declines to specify Prohibited by state law

Ethnicity

- Hispanic or Latino Not Hispanic or Latino Patient declines to specify Prohibited by state law

Sex

- Male Female Other

Preferred Language

Contact Preference

- Portal No preference Patient declines to specify Other: _____

Current Medications

None

Name

Dose

How taken?

Allergies

Patient has no known allergies

Patient has no known drug allergies

Aspirin

Codeine Sulfate

Demerol

Eggs

Iodine-Iodine
Containing

latex gloves

Penicillins

Propofol/Diprivan

Sulfa
(Sulfonamide
Antibiotics)

Versed/midazolam

Other: _____

Other: _____

Pharmacy

Name

Address

Phone

Immunizations

None

Hep A

Hep B

Pneumonia

When: _____

When: _____

When: _____

Diagnostic Studies/Tests

None

Bravo Capsule

Capsule
Endoscopy-
Small Bowel

Colonoscopy

Endoscopy
(EGD)

Esophageal
Manometry

When: _____

When: _____

When: _____

When: _____

When: _____

Sigmoidoscopy

When: _____

Past or Present Medical Conditions

- None
- | | | | | |
|--|--|--|---|--|
| <input type="radio"/> Alcoholic Liver | <input type="radio"/> Anemia | <input type="radio"/> Anxiety disorder | <input type="radio"/> Arthritis | <input type="radio"/> Asthma |
| <input type="radio"/> Atrial Fibrillation | <input type="radio"/> Barrets Esophagus | <input type="radio"/> Bleeding disorder | <input type="radio"/> Breast cancer | <input type="radio"/> C-Diff Infection |
| <input type="radio"/> Celiac Sprue | <input type="radio"/> Cirrhosis | <input type="radio"/> Colon cancer | <input type="radio"/> Colon polyps | <input type="radio"/> C.O.P.D. |
| <input type="radio"/> Congestive Heart Failure | <input type="radio"/> Coronary Artery disease | <input type="radio"/> Crohn's Disease | <input type="radio"/> Dementia | <input type="radio"/> Depression |
| <input type="radio"/> Diabetes | <input type="radio"/> Diabetes-Insulin Dependent | <input type="radio"/> Diverticulitis | <input type="radio"/> Diverticulosis | <input type="radio"/> Emphysema |
| <input type="radio"/> Endometriosis | <input type="radio"/> Esophageal Cancer | <input type="radio"/> Esophageal Varices | <input type="radio"/> Fatty Liver | <input type="radio"/> Fibromyalgia |
| <input type="radio"/> Gallstones | <input type="radio"/> Gastric Ulcer | <input type="radio"/> Gastrointestinal (GI) Bleeding | <input type="radio"/> GERD | <input type="radio"/> Glaucoma |
| <input type="radio"/> Gynecologic Cancer | <input type="radio"/> H. Pylori | <input type="radio"/> Heart Attack | <input type="radio"/> Hepatitis A | <input type="radio"/> Hepatitis B |
| <input type="radio"/> Hepatitis C | <input type="radio"/> Hepatitis-Other | <input type="radio"/> High blood pressure | <input type="radio"/> High (elevated) cholesterol | <input type="radio"/> HIV |
| <input type="radio"/> Hyperthyroidism | <input type="radio"/> Hypothyroidism | <input type="radio"/> Irritable Bowel Syndrome (IBS) | <input type="radio"/> Ischemic Colitis | <input type="radio"/> Kidney disease |
| <input type="radio"/> Kidney Stones | <input type="radio"/> Leukemia | <input type="radio"/> Liver Cancer | <input type="radio"/> Liver disease | <input type="radio"/> Lung cancer |
| <input type="radio"/> Lymphoma | <input type="radio"/> Obesity | <input type="radio"/> Ovarian Cancer | <input type="radio"/> Pancreatitis | <input type="radio"/> Prostate Cancer |
| <input type="radio"/> Renal Failure | <input type="radio"/> Seizures | <input type="radio"/> Sleep apnea | <input type="radio"/> Stroke | <input type="radio"/> Ulcer Duodenal |
| <input type="radio"/> Ulcer Gastric | <input type="radio"/> Ulcerative Colitis | <u>Other:</u> | | |

Previous Procedures

- None
- | | | | | |
|--|---|---|---|---|
| <input type="radio"/> AICD (defibrillator) | <input type="radio"/> Appendectomy | <input type="radio"/> Blood Transfusions | <input type="radio"/> C-Section | <input type="radio"/> CABG/Heart Bypass |
| <input type="radio"/> Cardiac Surgery | <input type="radio"/> Cholecystectomy/Gallbladder | <input type="radio"/> Colon Polyp removed | <input type="radio"/> Colon Resection | |
| <input type="radio"/> Colostomy | <input type="radio"/> ERCP | <input type="radio"/> Gastric By-Pass | <input type="radio"/> Gastroscopy | <input type="radio"/> Heart Valve Replacement |
| <input type="radio"/> Hiatal Hernia Repair | <input type="radio"/> Hysterectomy | <input type="radio"/> Ileostomy | <input type="radio"/> Joint Surgery/Replacement | |
| <input type="radio"/> Kidney Dialysis | <input type="radio"/> Liver Biopsy | <input type="radio"/> Liver Transplant | <input type="radio"/> Mastectomy | <input type="radio"/> Metal Implants (any) |
| <input type="radio"/> Pacemaker | <input type="radio"/> Prostate Surgery | <input type="radio"/> Small Bowel Resection | <u>Other:</u> | |

Social History

Occupation: _____ Number of Children: _____

Marital Status

- Single
 Married
 Divorced
 Separated
 Widowed
 Other

Alcohol

- None
 Beer Wine Liquor

Caffeine

- None
 Coffee Tea

Tobacco

Smoking Status

- Current every day smoker
 Current some day smoker
 Former smoker
 Never smoker
 Smoker, current status unknown
 Light tobacco smoker
 Heavy tobacco smoker
 Unknown if ever smoked

- Type Cigarettes
 Chewing Tobacco
 Pipe
 Smokeless

Started

Quit

Quantity

Drug Use

- None

Type

Quantity

Frequency

Review of Systems

Please circle what symptoms you are having

Allergic/Immunologic

allergies (environmental)
immune deficiency
persistent infections
recurrent hives

Cardiovascular

angina
chest pain
heart murmur
irregular heart beat
peripheral edema
rapid heart rate
shortness of breath (exertion)
shortness of breath (position)

Constitutional

chills
fatigue
fever
loss of appetite
night sweats
weight gain
weight loss

ENMT

double vision
loss of vision
difficulty swallowing
eye pain
eye redness
chronic sore throat
decreased hearing
recurrent ear infections
mouth sores
nose bleeds
post nasal drip
ringing in ears
recurrent sinus infections

Endocrine

cold intolerance
excessive thirst
hair loss
heat intolerance
night time or frequent urination

Gastrointestinal

abdominal pain (upper)
abdominal pain (lower)
abdominal swelling
black stools
bloating
change in bowel habits (frequency)
change in bowel habits (stool caliber)
constipation
diarrhea
gas (belching)
gas (flatulence)
heartburn
incontinence of stool
jaundice
loss of appetite
nausea
painful bowel movement
red blood in stool
swallowing trouble
vomiting

Genitourinary

blood in urine
frequent urinary infections
frequent urination
pain on urination
sexually transmitted disease
urinary incontinence

Hematologic/Lymphatic

easy bruising
palpable/enlarged lymph glands
prolonged bleeding

Integumentary

eczema
hives
itching
jaundice
rash
suspicious lesions

Musculoskeletal

back pain
joint deformity
joint pain
joint swelling/redness
muscle weakness
stiffness

Neurological

dizziness
headaches
lightheadedness
memory loss/confusion
numbness/tingling
seizures
stroke
temporary paralysis
tremors

Psychiatric

anxiety
depression
difficulty sleeping
hallucinations/paranoia
panic attacks
suicidal thoughts

Respiratory

cessation (stopping) of
breathing when asleep
coughing blood
excessive sputum
frequent cough
shortness of breath
snoring
wheezing

Signature _____

Date _____