

# GASTROENTEROLOGY CLINIC OF SAN ANTONIO, P.A.



Charles W. Randall, M.D.  
David L. Stump, M.D.  
Jorge Munoz, M.D.  
V. Franz Zurita, M.D.

Bassem W. Mazloun, M.D.  
Gary Gossen M.D.  
Russell Dean Havranek, M.D.  
Nicholas P. Martinez, M.D.

## Patient Medical Information Sheet

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Referred by: \_\_\_\_\_

Reason for today's visit: \_\_\_\_\_

**Medications currently taking:** (including birth control, vitamins, aspirin, ibuprofen, herbal supplements, etc.)

1. \_\_\_\_\_ 4. \_\_\_\_\_ 7. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_ 8. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_ 9. \_\_\_\_\_

**Drug allergies and reactions:**

1. \_\_\_\_\_ 3. \_\_\_\_\_ 5. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_ 6. \_\_\_\_\_

**Medical diseases/ Problems/ Hospitalizations:** (example: diabetes, high blood pressure, depression, glaucoma, etc.)

1. \_\_\_\_\_ 4. \_\_\_\_\_ 7. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_ 8. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_ 9. \_\_\_\_\_

**Operations and date:** (example: open heart surgery, gallbladder, hysterectomy, etc.)

1. \_\_\_\_\_ 4. \_\_\_\_\_ 7. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_ 8. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_ 9. \_\_\_\_\_

**Family History:** Do your parents, Siblings or your children have any of the following? (check all that apply)

Celiac Sprue  Gallbladder  Cirrhosis of Liver

Hemochromatosis  Colitis (Chron's or Ulcerative Colitis)  Hepatitis

Colon Polyps  Irritable Bowel Syndrome  Stomach Ulcers

Diverticulosis/ -itis

Cancer of:  Colon  Esophagus  Breast  Liver  Cervix  Pancreas

Ovaries  Stomach  Uterus

**Social History and Habits:** (Please check and give average amounts)

Smoke/Chew Tobacco:  Yes  No How many years? \_\_\_\_\_ Packs per day? \_\_\_\_\_

Drink Coffee:  Yes  No Number of cups/glasses per day? \_\_\_\_\_

Drink Beer, Wine, or Hard Liquor:  Yes  No Number of drinks per day?  day  week  month

Marital Status:  Single  Married  Divorced  Widowed

Place of Birth: \_\_\_\_\_ Level of Education: \_\_\_\_\_

Occupation: \_\_\_\_\_

Significant Other's Occupation: \_\_\_\_\_

Children and Ages: \_\_\_\_\_