

# Gastroenterology Clinic of San Antonio, P.A.

## Patient Medical Information Sheet

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

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

**Main reason for today's visit:** \_\_\_\_\_

**Current medications:** (include birth control, Vitamins, NSAIDS, and herbal supplements)

1. _____	5. _____	9. _____
2. _____	6. _____	10. _____
3. _____	7. _____	11. _____
4. _____	8. _____	12. _____

**Drug Allergies:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Medical History:** (Diabetes, High Blood Pressure, Depression, etc.)

1. _____	4. _____	7. _____
2. _____	5. _____	8. _____
3. _____	6. _____	9. _____
4. _____	8. _____	12. _____

**Surgical History:** (Open heart surgery, Gallbladder, Hysterectomy, etc.)

1. _____	4. _____	7. _____
2. _____	5. _____	8. _____
3. _____	6. _____	9. _____

**Family History:**

Celiac       Colitis (Crohn's or Ulcerative Colitis)       Colon polyps  
 Hemochromatosis       Cirrhosis of the Liver       Hepatitis       NONE

**Family History Cancer:**

Colon     ovarian     breast     pancreatic     endometrial     NONE

**Last Colonoscopy:** \_\_\_\_\_

**Where?** \_\_\_\_\_

**Last Endoscopy:** \_\_\_\_\_ **Where?** \_\_\_\_\_

**Last Flu Shot?** \_\_\_\_\_ **Last Pneumonia Vac?** \_\_\_\_\_

**Social history and habits:**

Marital status:     Single     Married     Divorced     Widowed

Tobacco use: \_\_\_\_\_ How long? \_\_\_\_\_

Alcohol use: \_\_\_\_\_ Amount per week? \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

# of Children and Ages: \_\_\_\_\_