

# 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: \_\_\_\_\_