Akron Digestive Disease Consultants
Medical and Family History Form

Name:_____ **Today's Date:** _____

Chart No._____ **Date of Birth:** _____

Reason for visit: _____

Current Medications: _____

_____

Pharmacy: _____ **Pharm Phone:** _____ **Pharm Fax:** _____

Allergies:

□ NONE □ Codeine □ Eggs □ Latex □ Propofol/Diprivan □ Versed

□ Aspirin □ Demerol □ Iodine □ Penicillin □ Sulfa □ Other _____

Past or Present Medical Problems: (Please Circle answers)

□ NONE	□ Heliocobacler Pylori	□ Hepatitis Other	□ Lung Cancer	□ Hyperthyroidism
□ Barretts Esophagus	□ Irritable Bowel Syndrome	□ Liver Cancer	□ Sleep Apnea	□ Hypothyroidism
□ Celiac Sprue	□ Ischemic Colitis	□ Liver Disease	□ Kidney Dialysis	□ Obesity
□ Colon Cancer	□ Pancreatitis	□ Anemia	□ Kidney Disease	□ Stroke
□ Colon Polyps	□ Ulcer Duodenal	□ Bleeding Disorder	□ Kidney Stones	□ Anxiety Disorder
□ Crohn's Disease	□ Ulcer Gastric	□ Blood Transfusions	□ Arthritis Degenerative	□ Depression
□ Diverticulitis	□ Ulcerative Colitis	□ Leukemia	□ Arthritis Rheumatoid	□ Endometeriosis
□ Diverticulosis	□ Alcoholic Liver	□ Lymphoma	□ Breast Cancer	□ Gynecologic Cancer
□ Esophageal Cancer	□ Cirrhosis	□ Atrial Fibrillation	□ Diabetes insulin dependent	□ Ovarian Cancer
□ Esophageal Varicies	□ Fatty Liver	□ Coronary Artery Disease	□ Diabetes non insulin dependent	□ Prostate Cancer
□ Gallstones	□ Hepatitis A	□ Heart Attack	□ Glaucoma	□ Seizure Disorder
□ Gastro-esophageal Reflux Disease	□ Hepatitis B	□ Asthma	□ High Blood Pressure	
□ Gastro-Intestinal Bleeding	□ Hepatitis C	□ Emphysema	□ High Cholesterol Lipid Abnormality	□ Other _____

Surgeries/Hospitalization/Procedures:

□ NONE	□ Cardiac Surgery	□ Esophageal Manometery	□ Hysterectomy, partial	□ Mastectomy
□ AICD/ Pacemaker	□ Cholecystecomy/ Gallbladder Surgery	□ Gastric Bypass Surgery	□ Hysterectomy, total	□ Metal Implants (any)
□ Appendectomy/	□ Colon Resection	□ Gastroscopy	□ Ileostomy	□ Prostate Surgery
□ Bravo Capsule	□ Colonoscopy	□ Heart By Pass Operation	□ Joint Surgery/ Replacement	□ Sigmoidoscopy
□ C-Section	□ Colostomy	□ Heart Valve Replacement	□ Liver Biopsy	□ Small bowel Resection
□ Capsule Endoscopy	□ ERCP	□ Hiatal Hernia Surgery	□ Liver Transplant	□ Other _____

Social History Marital Status:

□ Single □ Separated □ Married

□ Divorced □ Widowed

Social History Alcohol:

□ Never □ More than 2 days/week

□ Rarely □ Less than 2 days/week

□ Daily □ I quit using alcohol

Social History Tobacco:

□ I use tobacco products

□ I have never used tobacco products

□ I quit using tobacco products

Social History Occupation:

Patient occupation: _____ □ Veteran

Social History Hobbies:

Patient hobbies: _____

Review of Systems

Gastrointestinal:

□ NONE (pain)	□ Bloating	□ Gas (belching)	□ Loss of Appetite	□ Swallowing trouble
□ Abdominal Pain (upper)	□ Change in Bowel Habits (frequency)	□ Gas (flatulence)	□ Nausea	□ Vomiting
□ Abdominal Pain (lower)	□ Change in Bowel Habits (stool caliber)	□ Heartburn	□ Painful Bowel Movement	
□ Abdominal swelling	□ Constipation	□ Incontinence to Stool	□ Red Blood in Stool	
□ Black stools	□ Diarrhea	□ Jaundice	□ Swallowing Trouble (blockage)	□ Other _____

Urinary:

□ NONE	□ Irregular Menstruation
□ Blood in urine	□ Pain on urination
□ Dark Urine	□ Sexually transmitted disease
□ Diminished Urine Flow	□ Urinary incontinence
□ Frequent urinary infections	
□ Frequent urination	□ Other _____

Skin:

□ NONE	□ Jaundice
□ Eczema	□ Rash
□ Hives	□ Suspicious Lesions
□ Itching	□ Other _____

Cardiovascular:

□ NONE	□ Irregular Heart Beat	□ Shortness of Breath (exertion)
□ Angina-Chest Pain	□ Peripheral Edema	□ Shortness of Breath (position)
□ Heart Murmur	□ Rapid heart Rate	□ Other _____

Neurological:

- □ NONE
- □ Dizziness
- □ Headaches
- □ Lightheadness
- □ Memory Loss/Confusion
- □ Numbness/Tingling
- □ Seizures
- □ Stroke
- □ Transient Paralysis
- □ Tremors
- □ Other _____

Endocrine:

- □ NONE
- □ Cold Intolerance
- □ Excessive Thirst
- □ Hair Loss
- □ Heat Intolerance
- □ Nocturnal or Frequent Urination
- □ Other _____

Constitutional:

- □ NONE
- □ Chills
- □ Fatigue
- □ Fever
- □ Loss of Appetite
- □ Night sweats
- □ Weight Gain
- □ Weight Loss
- □ Other _____

Psychiatric:

- □ NONE
- □ Anxiety
- □ Depression
- □ Difficulty Sleeping
- □ Hallucinations/Paranoia
- □ Panic Attacks
- □ Suicidal Thoughts
- □ Other _____

Eyes:

- □ NONE
- □ Double Vision
- □ Loss of Vision
- □ Irritation
- □ Pain
- □ Redness
- □ Other _____

Hematologic:

- □ NONE
- □ Blood Transfusions
- □ Easy Bruising □ Prolonged Bleeding
- □ Low Platelets
- □ Palpable/Enlarged Lymph Glands
- □ Other _____

Ears, Nose and Throat:

- □ NONE
- □ Chronic Sore Throat
- □ Decreased Hearing
- □ Recurrent Ear Infections
- □ Hoarseness
- □ Mouth Sores
- □ Nose Bleeds
- □ Post-Nasal Drip
- □ Ringing in Ears
- □ Recurrent Sinus Infections
- □ Other _____

Musculoskeletal:

- □ NONE
- □ Back Pain
- □ Joint Deformity □ Stiffness
- □ Joint Pain
- □ Joint Swelling/Redness
- □ Muscle Weakness
- □ Other _____

Respiratory:

- □ NONE
- □ Cessation of Breathing When Asleep
- □ Coughing Blood
- □ Excessive Sputum
- □ Frequent cough
- □ Shortness of Breath
- □ Snoring
- □ Wheezing
- □ Other _____

Immunologic:

- □ NONE
- □ Allergies (Environmental)
- □ HIV Exposure
- □ Immune Deficiency
- □ Persistent Infections
- □ Recurrent Hives
- □ Strong Allergic Reaction
- □ Other _____

Family History

Family History:	Father	Mother	Child(ren)	Brother(s)	Sister(s)	GrandParents
Deceased	□	□	□	□	□	□
Breast Cancer	□	□	□	□	□	□
Colitis	□	□	□	□	□	□
Colon Cancer	□	□	□	□	□	□
Age at Diagnosis	___	___	___	___	___	___
Colon Polyps	□	□	□	□	□	□
Crohn's Disease	□	□	□	□	□	□
Diabetes	□	□	□	□	□	□
Esophageal Cancer	□	□	□	□	□	□
Gastric Cancer	□	□	□	□	□	□
Heart Problems	□	□	□	□	□	□
Liver Disease	□	□	□	□	□	□
Pancreatic Cancer	□	□	□	□	□	□
Skin Cancer	□	□	□	□	□	□
Stroke	□	□	□	□	□	□
Other	□	□	□	□	□	□