New Patient Form

Patient History Worksheet: Page 1

GI Alliance of Illinois

Please bring this completed form to your appointment and be prepared to answer these questions.

Name_____ Date of Birth_____

Reason for appointment: _____

Current Gastrointestinal Complaints:

- ☐ Heartburn
- ☐ Indigestion
- ☐ Regurgitation
- ☐ Nausea
- ☐ Vomiting
- ☐ Lactose/Food Intolerance
- ☐ Rectal Bleeding
- ☐ Blood On Stool/Toilet Paper
- ☐ Rectal Pain
- ☐ Abdominal Pain
- ☐ Difficulty Swallowing
- ☐ Abnormal Weight Loss
- ☐ Diarrhea
- ☐ Constipation
- ☐ Bloating
- ☐ Leaking Stools
- ☐ Jaundice (yellow skin/eyes)
- ☐ Loss of Appetite

Allergies: (list all medication, food, IV Dye or latex):

_____

_____

_____

Current Medications: (prescription, over the counter, vitamins—list name and dosage)

_____

_____

_____

_____

_____

_____

Past Medical History:

- ☐ Anemia
- ☐ Arthritis
- ☐ Anxiety
- ☐ Asthma
- ☐ Atrial Fibrillation
- ☐ Barrett's esophagus
- ☐ Breast cancer
- ☐ Cancer
- ☐ Celiac disease
- ☐ Gall stones
- ☐ Chronic renal failure
- ☐ Cirrhosis
- ☐ Collagenous colitis
- ☐ Colon cancer
- ☐ Colon polyps
- ☐ Congestive Heart Failure
- ☐ COPD (emphysema)
- ☐ Heart Disease
- ☐ Crohn's Disease Colitis
- ☐ Crohn's Disease Ileitis
- ☐ Crohn's Disease Ileocolitis
- ☐ Stroke
- ☐ Depression
- ☐ Diabetes
- ☐ Diverticular disease
- ☐ Eosinophilic Esophagitis
- ☐ Gastritis
- ☐ GERD
- ☐ Gout
- ☐ Helicobacter Pylori
- ☐ Hemorrhoids
- ☐ Hepatitis
- ☐ Hiatal Hernia
- ☐ High cholesterol
- ☐ Hypertension
- ☐ Hyperthyroidism
- ☐ Hypertrigylceridemia
- ☐ Hypothyroidism
- ☐ Irritable bowel syndrome
- ☐ Kidney disease
- ☐ Kidney stones
- ☐ Liver Cancer
- ☐ Liver disease
- ☐ Microscopic colitis
- ☐ Migraine headache
- ☐ Heart attack (MI)
- ☐ Obesity
- ☐ Osteopenia
- ☐ Pancreatitis
- ☐ Parkinson's disease
- ☐ Stomach ulcers
- ☐ Prostate cancer
- ☐ Prostate hyperplasia, benign
- ☐ Seizure disorder
- ☐ Sleep apnea
- ☐ Thyroid disease
- ☐ Ulcerative colitis pancolitis
- ☐ Ulcerative colitis left sided
- ☐ Ulcerative colitis distal
- ☐ Valvular Heart disease
- ☐ Varicies – esophageal
- ☐ Varicies – gastric

Please Continue On Other Side

New Patient Form

Patient History Worksheet: Page 2

GI Alliance of Illinois

Past Surgical History:

	YEAR		YEAR		YEAR
AAA repair	_____	Colon Resection	_____	Mastectomy	_____
Angioplasty	_____	Colostomy	_____	Mitral valve replacement	_____
Aortic Valve Replacement	_____	Coronary Stent	_____	Nephrectomy	_____
AP Resection	_____	Gastric bypass	_____	Pacemaker/IACD	_____
Appendix	_____	Hartmann procedure	_____	Prostate biopsy	_____
Back surgery	_____	Hemorrhoidectomy	_____	Rotator cuff repair	_____
Bronchoscopy	_____	Hernia repair	_____	Small bowel resection	_____
Cataract surgery	_____	Hip replacement	_____	Hysterectomy & ovaries	_____
CABG (heart bypass)	_____	Hip replacement	_____	TURP	_____
Carpal tunnel release	_____	Knee replacement	_____	Thyroidectomy	_____
Cesarean section	_____	Liver biopsy	_____	Vaginal hysterectomy	_____
Gall Bladder	_____	Lysis of adhesions	_____		

Past Colonoscopy History:

Date: _____ Facility: _____ Results: _____

Family History: (List family member and date of onset)

Colon cancer: _____

Colon polyps: _____

Crohn's disease/Ulcerative colitis: _____

Social History:

Tobacco Use:

☐ Never ☐ Former ☐ Current (how much) _____

Alcohol Use:

☐ None ☐ Occasional ☐ Moderate ☐ Heavy ☐ Former

Preferred Pharmacy: _____

Other Information: _____

_____

_____

_____

_____

_____

_____

Thank you for providing this information.