MORRISTOWN GASTROENTEROLOGY

Dr. Siva T. Maran/Sheila Williams, ANP

Name_____Date_____Phone#_____Cell#_____
Referring Physician_____Sex____ Age_____Race (optional)_____
Chief Complaint_____

YOUR PAST OR PRESENT MEDICAL PROBLEMS: (please circle)
Diabetes, Thyroid disorder, Arthritis, Cancer, High blood pressure, Stroke, Kidney Disease, Seizure disorder, Rheumatic fever, Asthma, Heart attack, Heart disease, Irregular heartbeat, Murmur, Colon polyps, Liver disease, Stomach ulcers, Diverticulosis, Any other disease_____
Last menstrual period_____
FAMILY HISTORY: Has anyone in your family had any of the following?

	Colon cancer	Colon polyps	Stomach Cancer	Liver Disease
Relationship				

SURGICAL HISTORY:

1. _____ 4._____
2. _____ 5._____
3. _____ 6._____

LIST YOUR HOSPITAL ADMISSIONS:

1. _____ 4._____
2. _____ 5._____
3. _____ 6._____

SOCIAL HISTORY:
_____Single_____Married_____Divorced_____Widowed_____Occupation_____
Children_____ Tobacco use_____Caffeine use_____Alcohol use (including beer)____
IV drug use_____ Tattoos_____ Blood Transfusions _____Body Piercing_____
Multiple sex partners_____

ALLERGIES:

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6._____

CURRENT MEDICATIONS:

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

Do you take any of the following:	How often?	How long?
Aleve_____Yes____No	_____	_____
Ibuprofen_____Yes____No	_____	_____
Goody of BC Powders_____Yes____No	_____	_____
Motrin ____Yes ____No	_____	_____
Herbals/Vitamins _____Yes____No	_____	_____

1) Sore throat or tongue

__for 1 month __1year __over 1 year
__daily __weekly __monthly
__severe __moderate __mild

2) Lump in throat

__for 1 month __1year __over 1 year
__daily __weekly __monthly
__when eating __after eating __when nervous

3) Chokes during/after eating

__for 1 month __1year __over 1 year
__daily __weekly __monthly
__severe __moderate __mild

__ beginning of swallow
__after swallow has begun
__only with liquids
__food sticks
__bitter or sour taste in back of throat

5) Painful Swallowing

__for 1 month __1year __over 1 year
__daily __weekly __monthly
__severe __moderate __mild

Location
__above breastbone __below breastbone __pit of stomach

6) Nausea

__for 1 month __1year __over 1 year
__daily __weekly __monthly

Aggravated by
__Eating __after eating

7) Changes in Bowel habits

__constipation __needed laxative
__dry, hard stool __ribbon stools
__diarrhea __black or tarry stools

8) Vomiting

__for 1 month __1year __over 1 year
__daily __weekly __monthly

Aggravated by
__emotions __abdominal pain __slight smell or taste of food
__Vomited blood Year _____

9) Heartburn

__for 1 month __1year __over 1 year
__daily __weekly __monthly
__severe __moderate __mild
__when stomach empty __when eating __1-2 hr after eating
__when trying to sleep

10) Troubled by Gas

__belching __flatulance __pain

11) Abdominal Pain

__for 1 month __1year __over 1 year
__daily __weekly __monthly
__severe __moderate __mild

__Kind of Pain
__dull, intermittent __sharp pain that comes and goes __other

Location
__upper abdomen __lower abdomen __upper right quadrant
__lower right quadrant __upper left quadrant __lower left quadrant
__center of abdomen

12) General

__poor appetite __recent weight loss __loss of 10 lb in 6 months
__stomach getting larger __stomach bloated

13) Intestines

__Intestinal Trouble __Ulcer in stomach __Ulcer in duodenum
__pancreatitis __jaundice __liver trouble
__hepatitis __cirrhosis __parasites
__worms __peritonitis __infectious diarrhea
__diverticulitis __gall bladder trouble __gallstones
__injury to spleen __hernia
__hemorrhoids
__ protruding__bleeding

14) GI Xrays

Stomach date/place _____
Colon date/place _____
Gallbladder date/place _____

15) Endoscopy

Previous EGD date/place _____
Previous dialation date/place _____
Previous colonosopy date/place _____
Previous ERCP date/place _____

Have you had vaccinations?

Flu yes / no date _____
Pneumonia yes / no date _____
Hepatitis A yes / no date _____
Hepatitis B yes / no date _____

__bright blood on stool

__difference in color

__cramping and gas

__rectal itching with bowel movements

__rectal bleeding with bowel movements

__mucus on stool

__foul smelling

__frequent urge - little stool

__bleeding on tissue

__bright blood in toilet