

# Gastroenterology and Liver Disease

## Patient History

Date \_\_\_\_\_

Patient \_\_\_\_\_

Date of Birth \_\_\_\_\_

Reason for visit \_\_\_\_\_

Allergies to medication \_\_\_\_\_

## Medications

_____	_____	_____
_____	_____	_____
_____	_____	_____

## Medical History

- |   |   |
|---|---|
| <input type="checkbox"/> Artificial material in your body (i.e. Prosthetic hip or artificial heart valve) | <input type="checkbox"/> Pancreatitis                               |
| <input type="checkbox"/> Bleeding problems  | <input type="checkbox"/> Heart murmur                               |
| <input type="checkbox"/> Ulcer Disease  | <input type="checkbox"/> Heart Disease                              |
| <input type="checkbox"/> Heartburn  | <input type="checkbox"/> Weight loss                                |
| <input type="checkbox"/> Colitis  | <input type="checkbox"/> Cancer                                     |
| <input type="checkbox"/> Colon Polyps   | <input type="checkbox"/> Tuberculosis                               |
| <input type="checkbox"/> Chronic constipation   | <input type="checkbox"/> Diabetes                                   |
| <input type="checkbox"/> Chronic Diarrhea   | <input type="checkbox"/> Thyroid Disorder                           |
| <input type="checkbox"/> Diverticulitis or Diverticulosis   | <input type="checkbox"/> Exposure to industrial toxin               |
| <input type="checkbox"/> Hemorrhoids  | <input type="checkbox"/> Foreign Travel                             |
| <input type="checkbox"/> Recent antibiotic use  | <input type="checkbox"/> Smoke      How much? _____ How Long? _____ |
| <input type="checkbox"/> Hepatitis  | <input type="checkbox"/> Alcohol      How much? _____               |
| <input type="checkbox"/> Blood Transfusions    When? _____  | <input type="checkbox"/> Coffee      Cups per day? _____            |
| <input type="checkbox"/> Gallstones   | <input type="checkbox"/> Aspirin or Coumadin                        |
| <input type="checkbox"/> Kidney stones  |   |
| <input type="checkbox"/> Jaundice   |   |
| <input type="checkbox"/> Other: _____   |   |

## Surgeries

_____
_____
_____

## Family History

- |                                       |                                       |  |   |                                       |                                     |
|---------------------------------------|---------------------------------------|--|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Diabetes     | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Cancer        | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Lung Disease | <input type="checkbox"/> Gallstones |
| <input type="checkbox"/> Ulcers       | <input type="checkbox"/> Polyps       | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Liver Disease  | <input type="checkbox"/> Alcoholism   | <input type="checkbox"/> Obesity    |
| <input type="checkbox"/> Other: _____ |                                       |  |   |                                       |                                     |

## Valley Gastrointestinal Specialists

2601 West Alameda Ave., Ste. 101 & 111 • Burbank, CA 91505 • 818 295-6944