Who is your primary doctor? ________________________________________________________________

Who referred you for this appointment? ______________________________________________________

Reason for visit: _________________________________________________________________________

Do you currently have or have you had history of the following:

- Pancreatitis
- Barrett’s Esophagus
- Ulcerative Colitis
- Ulcers (stomach or esophageal)
- Crohn’s Colitis
- Liver problems / Hepatitis
- Colon Cancer / Polyps (please circle which one)
- Diverticulosis / Diverticulitis
- Family History of Colon Cancer: if yes, which family member: _______ what age: _______
- Family History of Colon Polyps: if yes, which family member: _______ what age: _______

Have you previously had any of the following tests:

- Colonoscopy Where and When: ____________________________________________________________
- Sigmoidoscopy Where and When: __________________________________________________________
- Endoscopy (EGD) Where and When: _______________________________________________________
- Upper GI/Small Bowel Series Where and When: ______________________________________________
- MRI Where and When: ___________________________________________________________________
- CT/CAT Scan Where and When: ___________________________________________________________________
- Barium Enema Where and When: ___________________________________________________________________

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<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>D.O.B.</th>
<th>TODAY'S DATE</th>
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</thead>
</table>

### EYES
- Vision Changes
- Cataracts
- Glaucoma

### SKIN
- Rash
- Skin Ulcer

### PAST MEDICAL HISTORY
- Diabetes
- Cancer: Type
- Stroke
- Emphysema
- Arthritis
- AIDS/HIV
- Kidney Stones
- Hepatitis
- Venereal Disease
- Pneumonia

### NEUROLOGICAL
- Significant headaches
- Confusion
- Dizziness
- Balance problems

### PSYCHIATRIC
- Mental health problems
- Major Depression

### RESPIRATORY
- Cough
- Phlegm production
- Wheezing
- Shortness of breath
- Pain with breathing

### ENDOCRINE
- Thyroid problems
- Voice change

### HEMATOLOGIC
- Abnormal bleeding

**Have you been recently hospitalized?**

Reason: ______________________________

**Past Operations:** ____________________

**Social History:**
- Occupation __________________________
- Smoke _____ If yes, how much: __________
- Alcohol _____ If yes, how much: __________

**Family History:**
- Fathers Health: _______________________
- Mothers Health: _______________________
- Siblings Health: _______________________

**Frequently urinates?**

Reason: ______________________________

**Frequent infections?**

**Urine incontinence?**

**Kidney pain?**

**Musculoskeletal**
- Joint pain or swelling
- Arm/leg weakness
- Arm/leg numbness

**Patient Signature:** _____________________________

**Date:** __________________________