MONTANA GASTROENTEROLOGY

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Patient Interview Form

Patient Information

First Name:_____ Last Name:_____

Date of Birth:_____ Notes:_____

Email

Personal:_____

Race
Select one or more

☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander

☐ Other Race ☐ Unknown ☐ Patient declines to specify ☐ Prohibited by state law

Ethnicity

☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Patient declines to specify ☐ Unknown

Sex

☐ Male ☐ Female ☐ Other ☐ Unknown

Preferred Language

☐ English ☐ Patient declines to specify

Contact Preference

☐ Letter ☐ Email ☐ Patient declines to specify ☐ Patient declines to specify

Pharmacy

_____ (Name) _____ (Address) _____ (Phone)

Allergies

☐ Patient has no known allergies ☐ Patient has no known drug allergies

☐ Acetaminophen ☐ Environmental Allergies ☐ Hay Fever ☐ Penicillins ☐ Other(s) (Please list)

_____

Current Medications

☐ None

Name	Dose	How taken?

Immunizations

☐ None

☐ Flu vaccine When:_____ ☐ Hep A When:_____ ☐ Hep B When:_____ ☐ Pneumovax When:_____ ☐ TB skin test When:_____

☐ Shingles When:_____ ☐ TB Quant Gold When:_____

Diagnostic Studies/Tests

☐ None

☐ Colonoscopy When:_____ ☐ EGD When:_____ ☐ CT Abdomen/Pelvis When:_____ ☐ MRI Abdomen/Pelvis When:_____ ☐ ERCP When:_____

☐ Esophageal Manometry When:_____ ☐ Gastric Emptying Study When:_____ ☐ Pill Cam When:_____

Previous Procedures

☐ None

☐ Gallbladder removed ☐ Appendectomy ☐ Colon resection ☐ Small bowel resection ☐ Exploratory Laparoscopy

☐ Gastric Bypass ☐ Gastric lap band ☐ Hemorrhoidectomy ☐ Hemorrhoid banding ☐ Abdominoplasty

☐ Hysterectomy-Abdominal ☐ Bilateral tubal ligation (BTL) ☐ Mastectomy R Breast ☐ Pacemaker Insertion ☐ Defibrillator Placement

☐ Coronary artery bypass graft (CABG) ☐ Abdominal aortic aneurysm (AAA) repair ☐ Heart valve replacement ☐ Cardiac Cath - with stent placement ☐ Joint replacement

☐ Back surgery ☐ Fibromyalgia Other:_____ Other:_____

Past or Present Medical Conditions

☐ None

Gastroenterology/Hepatology

☐ Colon polyp history ☐ Colon cancer ☐ Irritable Bowel Syndrome ☐ Diverticulitis

☐ Crohn's Disease ☐ Ulcerative Colitis ☐ Gastroesophageal Reflux Disease (GERD) ☐ Barrett's Esophagus

☐ Ulcer Disease ☐ Hepatitis B ☐ Hepatitis C ☐ Fatty Liver

☐ Cirrhosis ☐ Celiac Disease ☐ Bowel Obstruction ☐ Pancreatitis

☐ Anemia Other:_____ Other:_____

Cardiology

- ☐ Coronary Artery Disease
- ☐ Congestive Heart Failure
- ☐ Heart Attack
- ☐ High blood pressure
- ☐ Atrial Fibrillation
- ☐ Vacular Disease
- ☐ High Cholesterol
- ☐ Stroke
- ☐ Transient Ischemic Attack
- ☐ Valvular heart disease
- ☐ Pacemaker
- ☐ Coronary Artery Stents

Other:_____ Other:_____

Pulmonology

- ☐ C.O.P.D.
- ☐ Asthma
- ☐ Sleep apnea
- ☐ Blood Clots (leg)
- ☐ Blood Clots (lung)
- ☐ Wheezing

Other:_____ Other:_____

Other

- ☐ Anxiety Disorder
- ☐ Arthritis
- ☐ Bipolar Disorder
- ☐ Body Piercings
- ☐ Breast Cancer
- ☐ Current Pregnancy
- ☐ Depression
- ☐ Diabetes Mellitus, Insulin Dependent (Type 1)
- ☐ Diabetes Mellitus, Non-Insulin Dependent (Type 2)
- ☐ Fibrositis/ Fibromyalgia
- ☐ Gout
- ☐ HIV exposure
- ☐ HIV infection
- ☐ Hypothyroidism
- ☐ Kidney disease
- ☐ Kidney stones
- ☐ Lung Cancer
- ☐ Ovarian Cancer
- ☐ Prostate Cancer
- ☐ Skin Cancer
- ☐ Seizures
- ☐ Tattoos

Social History

Occupation:_____ Number of children:_____

Marital Status

- ☐ Single
- ☐ Married
- ☐ Divorced
- ☐ Separated
- ☐ Widowed
- ☐ Civil Union
- ☐ Unknown
- ☐ Other

Alcohol

- ☐ None
- ☐ Occasionally
- ☐ Daily

Caffeine

- ☐ None
- ☐ Occasionally
- ☐ Daily

Tobacco

Smoking Status

- ☐ Current every day smoker
- ☐ Current some day smoker
- ☐ Former smoker
- ☐ Never smoker
- ☐ Smoker, current status unknown
- ☐ Light tobacco smoker
- ☐ Heavy tobacco smoker
- ☐ Unknown if ever smoked

Type	Started	Quit	Quantity	Frequency
◯ Cigarettes				
◯ Cigar				
◯ Chewing Tobacco				

Drug Use

◯ None

Type	Quantity	Number	Frequency Times/Month
◯ IV or intranasal drugs			
◯ Recreational			

Exercise

◯ None

◯ Regular ◯ Occasional

Family Medical History

◯ No knowledge of family history

No family history of

◯ Autoimmune Hepatitis
◯ Celiac sprue
◯ Colon cancer
◯ Colon polyps
◯ Crohn's disease
◯ Esophageal cancer
◯ FAP Familial adenomatosis polyposis
◯ Gastric cancer
◯ Hemochromatosis
◯ Liver cancer
◯ Liver disease
◯ Lynch Syndrome
◯ Pancreatic cancer
◯ Rectal cancer
◯ Stomach cancer
◯ Ulcerative colitis / IBD

Diagnoses	Mother	Father	Sister	Brother	Grandmother	Grandfather
Celiac disease	◯	◯	◯	◯	◯	◯
Colon cancer	◯	◯	◯	◯	◯	◯
Colon polyps	◯	◯	◯	◯	◯	◯
Crohn's disease	◯	◯	◯	◯	◯	◯
Esophageal cancer	◯	◯	◯	◯	◯	◯
Gallbladder disease	◯	◯	◯	◯	◯	◯
Irritable bowel syndrome	◯	◯	◯	◯	◯	◯
Liver disease	◯	◯	◯	◯	◯	◯
Pancreatic cancer	◯	◯	◯	◯	◯	◯
Stomach cancer	◯	◯	◯	◯	◯	◯
Ulcerative colitis	◯	◯	◯	◯	◯	◯
Other:	◯	◯	◯	◯	◯	◯