



Charleston Gastroenterology Specialists
Charleston Endoscopy Center
Summerville Endoscopy Center

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Charleston, SC 29414
Phone (843) 722-8000
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Patient Interview Form

Patient Information

First Name: _____ Last Name: _____
MRN: _____ Date Of Birth: _____
Age: _____ Notes: _____

Email

Please check one as your preferred email for communications

Personal: _____ Work: _____

Race

Select one or more

White Black or African American Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
 Unknown Patient declines to specify Prohibited by state law

Ethnicity

Hispanic or Latino Not Hispanic or Latino Patient declines to specify Prohibited by state law

Sex

Male Female Other

Preferred Language

English Patient declines to specify

Contact Preference

Email Home phone Home or cell phone Cell Phone Patient declines to specify

Consent to Share Data

I consent to having my medical and demographic information shared with other health care entities.

Yes No

Reminder Preference

I would like to receive preventive care and follow up care reminders.

- Yes No

Allergies

- | | | | | |
|--|---|---|--|---|
| <input type="radio"/> Patient has no known allergies | <input type="radio"/> Patient has no known drug allergies | | | |
| <input type="radio"/> Latex | <input type="radio"/> Adhesive Tape | <input type="radio"/> Iv Dye, Iodine containing | <input type="radio"/> Shellfish | <input type="radio"/> erythromycin (bulk) |
| <input type="radio"/> Penicillins | <input type="radio"/> Sulfa (Sulfonamide Antibiotics) | <input type="radio"/> Demerol | <input type="radio"/> propofol | <input type="radio"/> morphine |
| <input type="radio"/> fentanyl | <input type="radio"/> midazolam | <input type="radio"/> codeine sulfate | <input type="radio"/> Nickel sensitivity | <input type="radio"/> Soy |
| <input type="radio"/> Eggs | | | | |

Pharmacy

Name _____ Address _____ Phone _____

Consent to Import Medication History

I consent to obtaining a history of my medications purchased at pharmacies.

- Yes No

Current Medications

- None

Immunizations

- None
- | | | | | |
|-----------------------------------|-----------------------------|-----------------------------|---------------------------------|---------------------------|
| <input type="radio"/> Flu vaccine | <input type="radio"/> Hep A | <input type="radio"/> Hep B | <input type="radio"/> Pneumovax | <input type="radio"/> PPD |
| When: _____ | When: _____ | When: _____ | When: _____ | When: _____ |

Diagnostic Studies/Tests

- None
- | | | | | |
|----------------------------------|--|--|--|--------------------------------------|
| <input type="radio"/> CT Abdomen | <input type="radio"/> Abdominal Ultrasound | <input type="radio"/> MRI Abdomen/Pelvis | <input type="radio"/> Gastric Emptying Study | <input type="radio"/> Barium Swallow |
| When: _____ | When: _____ | When: _____ | When: _____ | When: _____ |
| <input type="radio"/> EGD | <input type="radio"/> Colonoscopy | <input type="radio"/> ERCP | <input type="radio"/> Lab work | |
| When: _____ | When: _____ | When: _____ | When: _____ | |

Previous Procedures

None

<input type="radio"/> Pacemaker Insertion Manufacture: Serial Note: When: _____	<input type="radio"/> Defibrillator Placement Manufacture: Serial #: Note: When: _____	<input type="radio"/> Bilateral Tubal Ligation (BTL) When: _____	<input type="radio"/> Hysterectomy When: _____	<input type="radio"/> C-Section When: _____
<input type="radio"/> Abdominal Surgery When: _____	<input type="radio"/> Cholecystectomy When: _____	<input type="radio"/> Appendectomy When: _____	<input type="radio"/> Hernia repair When: _____	<input type="radio"/> Bowel resection When: _____
<input type="radio"/> Gastric Bypass When: _____	<input type="radio"/> Gastric Lap Band (banded gastroplasty) When: _____	<input type="radio"/> Colon resection When: _____	<input type="radio"/> Hemorrhoidectomy When: _____	<input type="radio"/> Hemorrhoid banding When: _____
<input type="radio"/> Exploratory Laparoscopy When: _____	<input type="radio"/> Bladder Surgery When: _____	<input type="radio"/> Mastectomy When: _____	<input type="radio"/> Back surgery When: _____	<input type="radio"/> Joint Replacement (in the last year) When: _____
<input type="radio"/> Abdominal aortic aneurysm (AAA) repair When: _____	<input type="radio"/> Coronary Artery Bypass Graft (CABG) When: _____	<input type="radio"/> Cardiac Cath - with stent placement When: _____		

Social History

Marital Status

Single
 Married
 Divorced
 Separated
 Widowed
 Civil Union
 Unknown
 Other

Alcohol

None
 Weekends only
 1 drink per day
 2 drinks per day
 occasional
 1 drink per week
 2-3 drinks per week
 3-4 drinks per week

Tobacco

Smoking Status

<input type="radio"/> Current every day smoker	<input type="radio"/> Current some day smoker	<input type="radio"/> Former smoker	<input type="radio"/> Never smoker
<input type="radio"/> Smoker, current status unknown	<input type="radio"/> Light tobacco smoker	<input type="radio"/> Heavy tobacco smoker	<input type="radio"/> Unknown if ever smoked

Type	Quit	Quantity	Frequency
<input type="radio"/> Cigarettes	_____	_____	_____
<input type="radio"/> Chewing Tobacco	_____	_____	_____

Drug Use

None
 Marijuana
 Cocaine
 Heroin
 Other

Family Medical History

No knowledge of family history
No family history of
 Colon Cancer
 Colon Polyps

Father
 Mother
 Sister
 Brother
 Son
 Daughter

Diagnoses

Colon CA, Family History

Colon Polyps, Family History

Stomach Cancer

Celiac disease

Pancreatic Cancer

Liver disease

Ulcerative colitis

Inflammatory bowel disease

Crohn's disease

Past or Present Medical Conditions None

Heart Disease	<input type="radio"/> High blood pressure	<input type="radio"/> Myocardial infarction	<input type="radio"/> Congestive Heart Failure	<input type="radio"/> Atrial Fibrillation
	<input type="radio"/> Hyperlipidemia	<input type="radio"/> CAD	<input type="radio"/> Mitral Valve Prolapse	
Lung Disease	<input type="radio"/> Asthma	<input type="radio"/> Wheezing	<input type="radio"/> Emphysema	<input type="radio"/> Sleep Apnea
	<input type="radio"/> COPD	<input type="radio"/> Home Oxygen Therapy	<input type="radio"/> Blood Clot (Lungs)	
Neurological Disorders	<input type="radio"/> Stroke	<input type="radio"/> Seizures	<input type="radio"/> Migraine Headaches	<input type="radio"/> Spinal Nerve Stimulator
	<input type="radio"/> TIAs			
Blood/Clotting Disorders	<input type="radio"/> Anemia	<input type="radio"/> Thrombocytopenia	<input type="radio"/> Blood Thinners	
Gastrointestinal Disorders	<input type="radio"/> Reflux	<input type="radio"/> Gastric Ulcers	<input type="radio"/> Barrett's	<input type="radio"/> Gastric Polyps
	<input type="radio"/> Crohn's Disease	<input type="radio"/> Ulcerative Colitis	<input type="radio"/> H/O Diverticulitis	<input type="radio"/> Colon Polyps
	<input type="radio"/> Irritable bowel syndrome	<input type="radio"/> Celiac disease	<input type="radio"/> Bowel Obstruction	<input type="radio"/> Pancreatitis
	<input type="radio"/> Cirrhosis			
Diabetes	<input type="radio"/> Insulin Dependent Diabetes Mellitus	<input type="radio"/> Non-Insulin Dependent Diabetes Mellitus	<input type="radio"/> Diet Controlled Diabetes Mellitus	
Cancer	<input type="radio"/> Colon Cancer	<input type="radio"/> Esophageal Cancer	<input type="radio"/> Gastric Cancer	<input type="radio"/> Pancreatic Cancer
	<input type="radio"/> Liver Cancer	<input type="radio"/> Lung Cancer	<input type="radio"/> Breast Cancer	<input type="radio"/> Ovarian Cancer
	<input type="radio"/> Skin Cancer	<input type="radio"/> Prostate Cancer		
Infectious Diseases	<input type="radio"/> Hepatitis B	<input type="radio"/> Hepatitis C	<input type="radio"/> HIV	<input type="radio"/> Shingles
	<input type="radio"/> Chicken Pox	<input type="radio"/> MRSA	<input type="radio"/> VRE	
Other	<input type="radio"/> Personal History Malignant Hyperthermia	<input type="radio"/> Family History Malignant Hyperthermia	<input type="radio"/> Glaucoma	<input type="radio"/> Hypothyroidism
	<input type="radio"/> Fibromyalgia	<input type="radio"/> Anxiety disorder	<input type="radio"/> Depression	<input type="radio"/> Bipolar Disorder
	<input type="radio"/> Arthritis	<input type="radio"/> Kidney Disease		
Pregnancy	<input type="radio"/> Pregnancy: No - Neg urine HCG	<input type="radio"/> Pregnancy: No - Hysterectomy	<input type="radio"/> Pregnancy: No- Post Menopause	<input type="radio"/> Pregnancy: Yes - Positive HCG
	<input type="radio"/> Pregnancy: No- Tubal ligation	<input type="radio"/> Pregnancy: Pt refused urine HCG; denies possibility of pregnancy	<input type="radio"/> Prenancy - No - LMP within the last 28 days	
TB Screen	<input type="radio"/> No signs or symptoms of TB	<input type="radio"/> Fever	<input type="radio"/> Night Sweats	<input type="radio"/> Unexplained Wt Loss
	<input type="radio"/> Persistent Cough >2 wks			

Review Of Systems

Cardiovascular

None Y N
 chest pain
 palpitations
 arm / leg swelling

Constitutional

None Y N
 fatigue
 fever
 loss of appetite
 weight gain
 weight loss
 chills

ENMT

None Y N
 difficulty swallowing
 ear pain
 nose bleeds
 sore throat
 hearing loss
 ringing

Endocrine

None Y N
 excessive thirst
 heat intolerance
 cold intolerance
 profuse sweating

Eyes

None Y N
 pain
 redness
 vision change

Gastrointestinal

None Y N
 abdominal pain
 constipation
 diarrhea
 black, tary stools
 heartburn
 nausea
 rectal bleeding
 vomiting
 difficulty swallowing
 reflux

Genitourinary

None Y N
 frequent urination
 hematuria
 urethral discharge or incontinence
 burning

Hematologic/Lymphatic

None Y N
 easy bruising
 hematology
 ease of bleeding

Integumentary

None Y N
 itching
 rashes
 hair or nail changes
 lumps

Musculoskeletal

None Y N
 stiffness
 neck pain
 lumps on neck
 calf pain
 leg cramping

Neurological

None Y N
 dizziness
 fainting
 frequent headaches
 numbness or tingling
 seizures
 memory loss
 head injury

Psychiatric

None Y N
 depression
 nervousness

Respiratory

None Y N
 cough
 shortness of breath with exercise
 wheezing
 pain with breathing

Reviewed with

Patient Parent Guardian Not Present