



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
Other Race	Unknown			

Ethnicity

Hispanic or Latino	Not Hispanic or Latino	Unknown
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Sex

Male	Female	Other	Unknown
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Preferred Language

English	Patient declines to specify
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Contact Preference

Email	Home phone	Home or cell phone	Cell Phone	Patient declines to specify
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Consent to Share Data

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

Yes	No
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Reminder Preference

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

Yes

No

Allergies

Patient has no known allergies

Patient has no known drug allergies

Latex	Adhesive Tape	Iv Dye, Iodine containing	Shellfish	erythromycin (bulk)
Penicillins	Sulfa (Sulfonamide Antibiotics)	Demerol	propofol	morphine
fentanyl	midazolam	codeine sulfate	Nickel sensitivity	Soy
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

Flu (MM/DD/YYYY)	Hep A	Hep B	Pneumovax (YYYY)	PPD
When: _____	When: _____	When: _____	When: _____	When: _____

Diagnostic Studies/Tests

None

CT Abdomen	Abdominal Ultrasound	MRI Abdomen/Pelvis	Gastric Emptying Study	Barium Swallow
When: _____	When: _____	When: _____	When: _____	When: _____
EGD	Colonoscopy	ERCP	Lab work	
When: _____	When: _____	When: _____	When: _____	

Previous Procedures

None				
Pacemaker Insertion Manufacturer: Serial Number: When: _____	Defibrillator Placement Manufacture: Serial #: Note: When: _____	Bilateral Tubal Ligation When: _____	Hysterectomy When: _____	C-Section When: _____
Abdominal Surgery When: _____	Cholecystectomy When: _____	Appendectomy When: _____	Hernia repair When: _____	Bowel resection When: _____
Gastric Bypass When: _____	Gastric Lap Band (banded gastroplasty) When: _____	Colon resection When: _____	Hemorrhoidectomy When: _____	Hemorrhoid banding When: _____
Exploratory Laparoscopy When: _____	Bladder Surgery When: _____	Mastectomy When: _____	Back surgery When: _____	Joint Replacement (in the last year) When: _____
Abdominal aortic aneurysm (AAA) repair When: _____	Coronary Artery Bypass Graft (CABG) When: _____	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

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	Quit	Quantity	Frequency
Cigarettes	_____	_____	_____
Chewing Tobacco	_____	_____	_____

Drug Use

None			
Marijuana	Cocaine	Heroin	Other

Past or Present Medical Conditions

None				
Heart Disease	High blood pressure Hyperlipidemia	Myocardial infarction CAD	Congestive Heart Failure Mitral Valve Prolapse	Atrial Fibrillation
Lung Disease	Asthma COPD	Wheezing Home Oxygen Therapy	Emphysema Blood Clot (Lungs)	Sleep Apnea
Neurological Disorders	Stroke TIAs	Seizures	Migraine Headaches	Spinal Nerve Stimulator
Blood/Clotting Disorders	Anemia	Thrombocytopenia	Blood Thinners	
Gastrointestinal Disorders	Reflux Crohn's Disease Irritable bowel syndrome Cirrhosis	Gastric Ulcers Ulcerative Colitis Celiac disease	Barrett's H/O Diverticulitis Bowel Obstruction	Gastric Polyps Colon Polyps Pancreatitis
Diabetes	Insulin Dependent Diabetes Mellitus	Non-Insulin Dependent Diabetes Mellitus	Diet Controlled Diabetes Mellitus	
Cancer	Colon Cancer Liver Cancer Skin Cancer	Esophageal Cancer Lung Cancer Prostate Cancer	Gastric Cancer Breast Cancer	Pancreatic Cancer Ovarian Cancer
Infectious Diseases	Hepatitis B Chicken Pox (active)	Hepatitis C MRSA	HIV VRE	Shingles (active)
Other	Personal History Malignant Hyperthermia ***PROCEDURES SCHEDULED AT HOSPITAL*** Fibromyalgia Arthritis	Family History Malignant Hyperthermia ***PROCEDURES SCHEDULED AT HOSPITAL*** Anxiety disorder Kidney Disease	Glaucoma Depression Dialysis	Hypothyroidism Bipolar Disorder
Pregnancy	Pregnancy: No - Neg urine HCG Pregnancy: No-Tubal ligation	Pregnancy: No - Hysterectomy Pregnancy: Pt refused urine HCG; denies possibility of pregnancy	Pregnancy: No-Post Menopause Prenancy - No - LMP within the last 28 days	Pregnancy: Yes - Positive HCG

Review Of Systems

Cardiovascular None Y N	Genitourinary None Y N	Psychiatric None Y N
chest pain arm / leg swelling	frequent urination hematuria urethral discharge or incontinence burning	anxiety depression nervousness
Constitutional None Y N	Hematologic/Lymphatic None Y N	Respiratory None Y N
fatigue fever loss of appetite weight gain weight loss chills	easy bruising hematology ease of bleeding	cough shortness of breath with exercise wheezing pain with breathing
ENMT None Y N	Integumentary None Y N	
difficulty swallowing ear pain nose bleeds sore throat hearing loss ringing	itching rashes hair or nail changes lumps	
Endocrine None Y N	Musculoskeletal None Y N	
excessive thirst heat intolerance cold intolerance profuse sweating	stiffness neck pain lumps on neck calf pain leg cramping	
Eyes None Y N	Neurological None Y N	
pain redness vision change	dizziness fainting frequent headaches numbness or tingling seizures memory loss head injury	
Gastrointestinal None Y N		
abdominal pain abdominal swelling constipation diarrhea black, tarry stools heartburn jaundice nausea rectal bleeding vomiting difficulty swallowing reflux chronic itching anal itching anal pain		

Reviewed with

Patient

Parent

Guardian

Not Present