

ALABAMA DIGESTIVE DISORDERS CENTER

Patient Name: _____

Appointment Date: _____

Referring Dr. _____

Date of Birth: _____ **Age:** _____ **Sex:** _____

Primary Care Dr. _____

Reason for Visit	How long have you had this problem:
Does anything Make this better or worse:	Have you been to the emergency room:

TESTS: List any tests done for this problem:

1)	2)	3)
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DRUG ALLERGIES:

MEDICATIONS: list medications with dose, amount and how often (include over the counter, vitamins, herbal, aspirin, etc.
List all medicines even if unrelated to your problem today. If you have a list, you may bring this instead of completing this section.

1)	3)	5)
2)	4)	6)

PAST HISTORY: List any illnesses or disease that you have been or are being treated for. For example, if you take blood pressure medicine, list high blood pressure. If additional space is needed use back of page

1)	3)	5)
2)	4)	6)

SURGERIES: List surgery/Year/Surgeon/City (use back of form if needed)

1)	3)
2)	4)

SOCIAL HISTORY:

Smoke or Tobacco Use/Check One:	Non Smoker	Current Smoker	Former Smoker
For Current Smoker/Check One:	Every day	Some days	
Alcohol Intake/Amount and how often:	Blood Transfusion Yes or No		
IV Drug Use: Yes or No	Marital Status		
Daily coffee/Caffeine intake	Number of Children:		

FAMILY HISTORY: Check any illnesses that apply to family members or use Unknown at bottom of list

Disease Or Illness	Father	Mother	Children	Brothers	Sisters	Father's Family				Mother's Family				
						Grand father	Grand mother	Uncle	Aunt	Grand father	Grand mother	Uncle	Aunt	
Living or Deceased				X	X									
Year of Birth														
Age														
Diabetes														
High BloodPressure														
Heart Disease or Attack														
Stroke														
Mental Illness														
Colon Cancer														
Breast Cancer														
Other Cancer														
Colitis														
Colon Polyps														
Stomach Ulcer														
Gallstones														
Pancreatitis														
Anemia														
Bleeding Problem														
Unknown														
Number of Brothers Living:				Deceased:		Number of Sisters Living:				Deceased:				

Additional Information: