

Wake Gastroenterology

A Division of Wake Internal Medicine Consultants, Inc.

Providers: Dr. Hira, Dr. Herschelman, Dr. Hughes, Dr. Shah, Molly McElroy PA-C

Date: _____

Patient Name: _____ DOB: ____/____/____ Age: _____

Referring Physician/Practice Name: _____

Reason for today's visit: _____

Past or present medical illnesses, operations or hospitalizations: _____

Past GI Studies or evaluations: _____

Date of last Colonoscopy: _____ Upper Endoscopy: _____ Flex Sig: _____

Performed by Dr. _____ Facility Location: _____

Family History (list any major medical problems):

Father: _____ PAT grandparents: _____

Mother: _____ MAT grandparents: _____

Brother(s): _____ Sister(s): _____

Please check "Yes" or "No" and indicate length of time the symptoms were present:

<u>SYMPTOM</u>	<u>YES</u>	<u>NO</u>	<u>LENGTH OF TIME</u>
HEARTBURN	_____	_____	_____
INDIGESTION	_____	_____	_____
DIFFICULTY SWALLOWING	_____	_____	_____
PAINFUL SWALLOWING	_____	_____	_____
NAUSEA AND/OR VOMITING	_____	_____	_____
ABDOMINAL PAIN / STOMACH PAIN	_____	_____	_____
BLOATING	_____	_____	_____
DIARRHEA / CONSTIPATION / CHANGE IN BOWELS	_____	_____	_____
PASSING BLOOD OR BLACK TARRY STOOL	_____	_____	_____
LOSS OF APPETITE	_____	_____	_____
WEIGHT LOSS / GAIN	_____	_____	_____
LIVER OR GALLBLADDER TROUBLE	_____	_____	_____
JAUNDICE OR HEPATITIS	_____	_____	_____

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PATIENT NAME: _____ DOB: _____

PLEASE CHECK THOSE THAT APPLY

GENERAL

- Fever
- Chills
- Sweats
- Anorexia
- Fatigue
- Malaise
- Weight Loss

EYES

- Blurring
- Double vision
- Irritation
- Discharge
- Vision loss
- Eye pain
- Pain with bright light

EARS/NOSE/THROAT

- Ear pain or discharge
- Ringing in the ear
- Decreased hearing
- Nasal obstruction or discharge
- Nosebleeds
- Sore throat
- Hoarseness
- Dysphagia (difficulty swallowing)

CARDIOVASCULAR

- Chest pains
- Skipping or fast heartbeat
- Fainting (syncope)
- Shortness of breath(dyspnea) on exertion
- Shortness of breath(dyspnea) when lying down
- Awakening from sleep with shortness of breath
- Swelling of feet

RESPIRATORY

- Cough
- Shortness of breath
- Excessive Sputum
- Coughing up blood
- Wheezing

GENITOURINARY

- Vaginal discharge or sores
- Incontinence
- Painful Urination
- Blood in Urine
- Urinary frequency
- Amenorrhea
- Menorrhagia
- Abnormal vaginal bleeding
- Pelvic pain
- Pain with sexual intercourse

MUSCULOSKELETAL

- Back pain
- Joint pain
- Joint swelling
- Muscle cramps
- Muscle weakness
- Stiffness
- Arthritis

SKIN

- Rash
- Itching
- Dryness
- Suspicious lesions

NEUROLOGIC

- Transient paralysis
- Weakness
- Tingling in extremities
- Seizures
- Fainting
- Tremors
- Room Spinning

PSYCHIATRIC

- Depression
- Anxiety
- Memory loss
- Mental disturbance
- Suicidal Ideation
- Hallucinations
- Paranoia

ENDOCRINE

- Cold intolerance
- Heat intolerance
- Excessive need to drink fluids
- Excessive need to eat
- Excessive urination
- Weight Change

HEME/LYMPHATIC

- Abnormal bruising
- Bleeding
- Enlarged lymph nodes

ALLERGIC/IMMUNOLOGIC

- Hives
- Hay fever
- Persistent infections
- HIV exposure

SOCIAL

OCCUPATION _____

CAFFEINE

If yes, how many cups per day _____

SMOKING

If yes, how many cigarettes per day _____

ALCOHOL

If yes, how many drinks per day _____

EXERCISE

If yes, how many days per week _____

Do you use sugar substitutes? _____

Do you use milk products? _____

Do you use NSAIDS? _____

Do you use drugs for non medical reasons? (Please list) _____