Patient Interview Form

Patient Information

First Name: ___________________________ Last Name: ____________________________________

MRN: __________________ Date of Birth: __________________ Age: ________________________

Race

- ⬭ White/Caucasian
- ⬭ Black or African American
- ⬭ Asian
- ⬭ Hispanic or Latino
- ⬭ American Indian or Alaska Native
- ⬭ Native Hawaiian or Other Pacific Islander
- ⬭ Mixed
- ⬭ Other
- ⬭ Unknown
- ⬭ Patient declines to provide information

Ethnicity

- ⬭ Hispanic or Latino
- ⬭ Not Hispanic or Latino
- ⬭ Patient declines to provide information

Gender

- ⬭ Male
- ⬭ Female
- ⬭ Other

Preferred Language

- ⬭ English
- ⬭ French
- ⬭ Spanish
- ⬭ Other: ________________

Contact Preference

- ⬭ Cell Phone
- ⬭ Home Phone
- ⬭ Work Phone
- ⬭ Other: ______________

Allergies

- ⬭ Patient has no known allergies
- ⬭ Patient has no known drug allergies

- ⬭ Eggs
- ⬭ Fentanyl
- ⬭ Latex
- ⬭ Nuts
- ⬭ Penicillin
- ⬭ Sulfa
- ⬭ Versed

Reactions: ____

Current Medications

⬭ **None**

Name Dose How Taken?

1.____

2.____

3.____

4.____

5.____

6.____

Pharmacy

Name/Address____

Social History

Occupation: ______________________________ Number of Children: ____________________

Marital Status

⬭ Single ⬭ Married ⬭ Divorced ⬭ Separated ⬭ Widowed ⬭ Civil Union

Alcohol ⬭ **None**

Quantity Number Frequency

⬭ Beer/Wine ____

⬭ Hard/Liquor____

Tobacco Smoking Status

⬭ Current Everyday ⬭ Current someday ⬭ Former smoker ⬭ Never Smoker

⬭ Smoker, current status unknown ⬭ Unknown if ever smoked

Drug Use ⬭ **None**

Type Quantity Frequency

⬭ IV Drug ____

⬭ Other ____

Exercise ⬭ **None**

Type Duration Frequency

1.____

2.____

Diagnostic Studies/Tests

⬭ None

⬭ Colonoscopy When:_________

⬭ CT Scan When:_______ _

⬭ ERCP When:________

⬭ EUS When:________

⬭ Upper Endoscopy When:____________

⬭ Liver Biopsy When: _________

⬭ MRI/MRCP When:__________

⬭ Ultrasound When:_________

⬭ Recent Labs When:_________

Previous Procedures/Surgeries

⬭ **None**

⬭ Abdominal Aneurysm ⬭ Appendectomy ⬭ Bowel Surgery ⬭ Breast Surgery ⬭ Carotid Artery

⬭ Cataract Surgery ⬭ C-Section ⬭ Coronary Artery Stent ⬭ Coronary Bypass ⬭ Defibrillator

⬭ Gallbladder Removed ⬭ Heart Valve ⬭ Hemorrhoids ⬭ Hysterectomy ⬭ Joint Surgery

⬭ Pacemaker ⬭ Prostate Surgery ⬭ Thyroid Surgery ⬭ Tonsillectomy ⬭ Tubal Ligation

⬭ Other: ______________________________

Past or Present Medical Conditions ⬭ None

Blood	⬭ Anemia	⬭ Bleeding Disorders	⬭ Leukemia	⬭ Lymphoma
Cardiac	⬭ Atrial Fibrillation	⬭ Congestive Heart Failure	⬭ Heart Attack	⬭ High Blood Pressure
Circulation	⬭ Carotid Artery Disease	⬭ Deep Vein Thrombosis	⬭ Peripheral Vascular Disease	⬭ Pulmonary Embolus
Endocrine	⬭ Diabetes	⬭ Elevated Cholesterol	⬭ Osteoporosis	⬭ Thyroid Disease
Gastrointestinal	⬭ Barrett's Esophagus	⬭ Crohn's Disease	⬭ H. Pylori	⬭ Pancreatic Cancer
	⬭ Celiac Disease	⬭ Diverticulosis	⬭ Irritable Bowel Syn.	⬭ Pancreatitis
	⬭ Cirrhosis	⬭ GERD/Reflux	⬭ Lactose Intolerance	⬭ Stomach Ulcer
	⬭ Colon Cancer	⬭ Hepatitis B	⬭ Liver Disease	⬭ Ulcerative Colitis
	⬭ Colon Polyps	⬭ Hepatitis C		
Lungs	⬭ Asthma	⬭ COPD/Emphysema	⬭ Sleep apnea	
Neurology	⬭ Dementia	⬭ Epilepsy	⬭ Parkinsons	⬭ Stroke
Psychiatric	⬭ Anxiety Disorder	⬭ Bipolar Disorder	⬭ Depression	⬭ Post Traumatic Stress Disorder
	⬭ Schizophrenia			
Rheumatology	⬭ Fibromyalgia	⬭ Lupus	⬭ Rheumatoid Arthritis	
Urinary	⬭ Enlarged Prostate	⬭ Kidney Failure	⬭ Kidney Stones	⬭ Prostate Cancer
Cancer	⬭ Type____			

Other Condition(s) Not Listed: ____

Family Medical History

☐ No knowledge of family history

	None	Mother	Father	Daughter	Son	Brother	Sister	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather
Diagnoses											
Colon Cancer	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Colon Polyps	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Celiac Disease	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Irritable Bowel Syndrome	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Liver Disease	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Pancreatic Cancer	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Ulcerative Colitis/Crohn's	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other:	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐