FOR OFFICE USE ONLY:

DR. ROSADO DR. VILLANUEVA DR. CAVACINI DR. SOROKA DR. GASSERT DR. BARLOW DR. AHMADI DR. MCGAW

CHART NO.________________ AGE:________

WT:______ T:______ P:______ BP:______ LABS/X-RAY:______

Patient Interview Form

Date____/____/____

Patient Information

First Name:________________ Last Name:________________

Age: ________________ Date Of Birth:________________

Reason for today's visit:________________________________

Race

- ◯ White/Caucasian
- ◯ Black or African American
- ◯ Asian
- ◯ Unknown
- ◯ American Indian or Alaska Native
- ◯ Native Hawaiian or Other Pacific Islander
- ◯ 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
- ◯ Spanish
- Other:________

Contact Preference

- ◯ Patient Portal- Please select patient portal for timely access to your medical records and lab results
- ◯ Telephone Call
- ◯ No Preference
- ◯ Patient declines to specify
- Other:________

Social History

Occupation:________________ Number of Children:________________

Marital Status

- ◯ Single
- ◯ Married
- ◯ Divorced
- ◯ Widowed

Drug Use

◯ None

Type	Number	Frequency
◯ Recreational drugs		

Alcohol

◯ None

Type	Number	Frequency
◯ beer		
◯ wine		
◯ hard liquor		
◯ Other		

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	Started	Quit	Quantity	Frequency
⬭ Cigarettes				
⬭ Other				

Caffeine

⬭ None

⬭ coffee ⬭ tea ⬭ soda ⬭ energy drinks ⬭ Other

Allergies

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

⬭ Aspirin (Tartrazine Only)	⬭ Latex	⬭ Penicillins	⬭ Valium	⬭ midazolam
⬭ Iodine-Iodine Containing	⬭ codeine sulfate	⬭ Sulfa (Sulfonamide Antibiotics)	⬭ morphine	Other:______________

Immunizations

⬭ None

⬭ Record unavailable When:______________	⬭ Hepatitis A When:______________	⬭ Hepatitis B When:______________

Current Medications

⬭ None

Name	Dose	How taken?

Pharmacy

Name:____

Past or Present Medical Conditions

- [ ] None

Anemia	Arthritis	Asthma	Atrial Fibrilation	Barretts Esophagus
Bleeding/Clotting Disorder	Breast Cancer	Cancer	Cataracts	Cirrhosis
Celiac Disease	Cerebral Palsy	Colon Cancer	Colon polyps	Crohn's Disease
Depression	Diabetes Mellitus	Dialysis	Diverticulitis	Diverticulosis
Duchenne Muscular Dystrophy	Emphysema	Esophageal Cancer	Esophageal Reflux	Gallstones
Gastric Cancer	Glaucoma	Heart Attack	Heart Disease	Hemochromatosis
Hemorrhoids	Hepatitis A	Hepatitis B	Hepatitis C	Hiatal hernia
High blood pressure	Hereditary NonPolyposis Colorectal Cancer (HNPCC)	High Cholesterol	High Triglycerides	HIV
H. Pylori	Inflammatory Bowel Disease	Irritable Bowel Disease	Jaundice	Kidney Disease/Failure
kidney stones	Liver Cancer	Lung Cancer	Lynch Syndrome	Malignant Hypothermia
Ovarian Cancer	Pancreatitis	Panic attack / anxiety	Peptic ulcer disease	Pneumonia
Pancreatic Cancer	Prostate Cancer	Renal Cancer	Sleep Apnea	Stomach Cancer
Stroke or paralysis	Thyroid disease	Transfusions	Ulcerative Colitis	Urinary Tract Cancer
Uterine/Endometrial Cancer	Other:	Other:	Other:	
Other:	Other:			

Previous Procedures

- [ ] None

Angioplasty	Angioplasty w/stent placement	Appendectomy	Back Surgery	Cardiac bypass
Cholecystectomy	Colectomy (total)	Colonoscopy	EGD	ERCP
Flexible Sigmoidoscopy	Fundoplication	Hemicolectomy (Left)	Hemicolectomy (Right)	Hemorrhoidectomy
Hernia Repair, Left Inguinal	Hernia Repair, Right Inguinal	Hernia Repair, Umbilical	Hernia Repair, Ventral	Hysterectomy (partial)
Hysterectomy (total)	Implanted Automated Defibrillator	Laparotomy	Pacemaker	Prostatectomy
Tonsillectomy	Tubal Ligation	TURP	Other:	Other:
Other:	Other:			

Circle Most Recent Signs & Symptoms

Allergic/Immunologic ○ None
- Ear infection
- Flu
- HIV exposure
- Persistent infections
- Strong allergic reactions or urticaria

Cardiovascular ○ None
- Ankle swelling
- Chest pain
- Dyspnea with exercise
- Irregular heart beat
- Orthopnea
- Palpitations
- Peripheral edema
- Shortness of breath
- Syncope

Constitutional ○ None
- Chills
- Fatigue
- Fever
- Loss of appetite
- Malaise
- Night sweats
- Weight gain
- Weight loss

EMNT ○ None
- Ear discharge
- Ear pain
- Frequent ear infections
- Hearing loss
- Hoarseness
- Abnormal nasal discharge
- Nasal obstruction
- Nose bleeds
- Sore throat
- Sores in mouth
- Tinnitus

Endocrine ○ None
- Excessive thirst
- Hair loss
- Cold intolerance
- Heat intolerance
- Polyphagia

Eyes ○ None
- Change in vision
- Double vision
- Inflammation
- Irritation
- Loss of vision
- Night sensitivity
- Pain
- Photophobia

Gastrointestinal ○ None
- Abdominal pain
- Abdominal swelling
- Belching
- Bloating
- Blood in stool
- Change in bowel habits
- Constipation
- Dairy intolerance
- Dark stools
- Decreased appetite
- Diarrhea
- Flatulence
- Heartburn
- Hematemesis
- Hemorrhoids
- Indigestion
- Jaundice
- Mucous in stool
- Nausea
- Rectal bleeding
- Pain with bowel movement
- Rectal pain
- Rectal urgency
- Soiling stool
- Stomach cramps
- Trouble swallowing
- Vomiting

Genitourinary ○ None
- Dark urine
- Decrease in urine flow
- Dysuria
- Frequent urinary infections
- Frequent urination
- Blood in urine
- Nocturia
- Urethral discharge or incontinence

Hematologic/Lymphatic ○ None
- Bleeding gums or palpable lymph nodes
- Easy bruising
- Prolonged bleeding
- Swollen glands

Skin ○ None
- Allergies
- Dryness
- Hives
- Itching
- Suspicious lesions
- Rashes

Musculoskeletal ○ None
- Arthritis
- Back pain
- Gout
- Joint deformity
- Joint pain
- Muscle weakness
- Stiffness

Neurological ○ None
- Dizziness
- Fainting
- Frequent headaches
- Migraine
- Numbness or tingling
- Seizures
- Transient paralysis
- Tremors
- Vertigo

Psychiatric ○ None
- Anxiety
- Depression
- Difficulty sleeping
- Hallucinations
- Nervousness
- Panic attacks
- Paranoia
- Suicidal ideation

Respiratory ○ None
- Asthma
- Cough
- Coughing up blood
- Dyspnea
- Excessive sputum
- Wheezing

Family Medical History

- [ ] No knowlege of family history
- [ ] No family history of Colon Cancer
- [ ] No family history of Colon polyps

Health Status	Mother	Father	Sister	Brother	Grandmother	Grandfather	Other
Current Age							
If Deceased/At What Age							
Cause of Death							

Diagnoses	Mother	Father	Sister	Brother	Grandmother	Grandfather	Other
Breast Cancer							
Celiac Disease							
Cirrhosis							
Colon cancer							
Colon polyps							
Crohn's disease							
Esophageal Cancer							
Gastric Cancer							
Heart Disease							
Hemochromatosis							
Hereditary NonPolyposis Colorectal Cancer (HNPCC)							
Inflammatory Bowel Disease							
Liver Cancer							
Lung Cancer							
Lynch Syndrome							
Malignant Hyperthermia							
Ovarian Cancer							
Pancreatic Cancer							
Pancreatitis							
Prostate Cancer							
Renal Cancer							
Stomach Cancer							
Ulcerative Colitis							
Urinary Tract Cancer							
Uterine/Endometrial Cancer							

Reviewed with

- [ ] Patient
- [ ] Parent
- [ ] Guardian
- [ ] Not Present

Signature

Signature

Date