# GI Excellence, Inc.

1003 E Florida Ave. Suite 101
Hemet, CA 92543
Ph: (951) 652-2252 Fax: (951) 658-6476

Milan S Chakrabarty, M.D. | Tahir Qaseem, MD. F.A.C.P., F.A.C.G. | Shala Battle, NP-C
Sandra Del Valle, PA-C | Christina Baronov, NP-C

## GI Excellence, Inc. Patient Interview Form

### Patient Information

First Name: ______________________ Last Name: ______________________

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
- ☐ Prohibited by state law

**Ethnicity**

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Patient declines to provide information
- ☐ Prohibited by state law

**Preferred Language**

- ☐ English
- ☐ Spanish
- Other: ______________

### Allergies

- ☐ Patient has no known allergies
- ☐ Patient has no known drug allergies
- ☐ Aspirin, NSAIDs
- ☐ Codeine
- ☐ Penicillins
- ☐ Iodine
- ☐ Sulfa
- ☐ Latex
- ☐ Versed
- ☐ Fentanyl
- ☐ Propofol
- Other:

### Current Medications

☐ None

| Name | Dose | How taken? |
| --- | --- | --- |
| | | |
| | | |
| | | |

☐ None

- ☐ Hep B — When : ______________
- ☐ Flu vaccine — When : ______________
- ☐ DTaP — When : ______________
- ☐ Pneumovax — When : ______________

### Diagnostic Studies/Tests

☐ None

- ☐ Endoscopy — When: ______________
- ☐ Colonoscopy — When: ______________
- ☐ CT Abdomen — When: ______________ Other: ______________
- ☐ CT Pelvis — When: ______________ Other: ______________
- ☐ Abdominal U/S — When: ______________ Other: ______________
- ☐ Endoscopic Ultrasound — When: ______________
- ☐ Abdominal MRI/MRCP — When: ______________



www.gi-excellence.com

Emphasizing endoscopy excellence,
we give our patients the comfort of clarity.

## Past or Present Medical Conditions

☐ None

☐ Anemia When: ________
☐ Atrial Fibrilation When: ________
☐ Diabetes Mellitus When: ________
☐ Diverticulitis When: ________
☐ Coronary Artery Disease When: ________

☐ Barrets Esophagus When: ________
☐ Bleeding Ulcer When: ________
☐ Crohn's Disease When: ________
☐ Cirrhosis When: ________
☐ Colitis When: ________

☐ Colon cancer When: ________
☐ Colon polyps When: ________
☐ CVA When: ________
☐ Congestive Heart Failure When: ________
☐ Deep vein thrombosis When: ________

☐ Gallstones When: ________
☐ Gastritis When: ________
☐ GERD When: ________
☐ H. Pyloric When: ________
☐ Hemorrhoids When: ________

☐ Hepatitis When: ________
☐ Hepatitis B When: ________
☐ Hepatitis C When: ________
☐ Hiatal hernia When: ________
☐ High blood pressure When: ________

☐ IBS When: ________
☐ Iron Defficiency When: ________
☐ Myocardial infarction When: ________
☐ Peptic ulcer disease When: ________
☐ Pulmonary embolus When: ________

☐ S/p Gastric Bypass When: ________
☐ S/P GI bleed When: ________
☐ S/P Stents x3 When: ________
☐ TIA When: ________

## Previous Procedures

☐ None:

☐ Aortic Valve Replacement When: ________
☐ Appendectomy When: ________
☐ Bladder Surgery When: ________
☐ Bypass Surgery When: ________
☐ C-Section When: ________

☐ Coronary Stents When: ________
☐ Colon Polyp removed When: ________
☐ Colon Resection When: ________
☐ Gallbladder removed When: ________
☐ Gastric Band When: ________

☐ Gastric By-Pass When: ________
☐ Hemicolectomy When: ________
☐ Hemorrhoidectomy When: ________
☐ Hysterectomy When: ________
☐ Inguinal Herniorraphy When: ________

☐ Liver biopsy When: ________
☐ Pacemaker When: ________

## Social History

Occupation:

Number of Children:

### Marital Status

☐ Single
☐ Married
☐ Divorced
☐ Separated
☐ Widowed
☐ Civil Union

### Alcohol

☐ None

| Type | Quantity | Frequency |
|---|---|---|
| ☐ wine | glasses | Times / week |
| ☐ beer | cans/bottles | Times / week |
| ☐ liquor | shots | Times / week |

**Alcohol**

☐ None

| Type | Quantity | Frequency |
|---|---|---|
| ☐ wine | glasses | Times / week |
| ☐ beer | cans/bottles | Times / week |
| ☐ liquor | shots | Times / week |

**Tobacco**

**Smoking Status**

☐ Current every day smoker ☐ Current some day smoker ☐ Former smoker ☐ Never smoker

☐ Smoker, current status unknown ☐ Unknown if ever smoked

**Drug Use**

☐ None

| Type | Quantity | Frequency |
|---|---|---|
| ☐ | | |

## Review Of Systems

**Allergic/Immunologic** ☐ None

| | Yes | No |
|---|---|---|
| HIV exposure | ☐ | ☐ |
| persistent infections | ☐ | ☐ |
| strong allergic reactions or urticaria | ☐ | ☐ |

**Cardiovascular** ☐ None

| | Yes | No |
|---|---|---|
| chest pain | ☐ | ☐ |
| shortness of breath | ☐ | ☐ |
| irregular heart beat | ☐ | ☐ |
| orthopnea | ☐ | ☐ |
| palpitations | ☐ | ☐ |
| peripheral edema | ☐ | ☐ |
| fainting or dizziness | ☐ | ☐ |

**Constitutional** ☐ None

| | Yes | No |
|---|---|---|
| fatigue | ☐ | ☐ |
| fever | ☐ | ☐ |
| loss of appetite | ☐ | ☐ |
| malaise | ☐ | ☐ |
| sweats | ☐ | ☐ |
| weight gain | ☐ | ☐ |
| weight loss | ☐ | ☐ |

**ENMT** ☐ None

| | Yes | No |
|---|---|---|
| difficulty swallowing | ☐ | ☐ |
| dizziness | ☐ | ☐ |
| double vision | ☐ | ☐ |
| ear pain | ☐ | ☐ |
| loss of vision | ☐ | ☐ |
| nasal obstruction | ☐ | ☐ |
| nose bleeds | ☐ | ☐ |
| photophobia | ☐ | ☐ |
| sore throat | | |

**Endocrine** ☐ None

| | Yes | No |
|---|---|---|
| excessive thirst | ☐ | ☐ |
| hair loss | ☐ | ☐ |
| heat intolerance | ☐ | ☐ |

**Gastrointestinal** ☐ None

| | Yes | No |
|---|---|---|
| abdominal pain | ☐ | ☐ |
| abdominal swelling | ☐ | ☐ |
| change in bowel habits | ☐ | ☐ |
| constipation | ☐ | ☐ |
| diarrhea | ☐ | ☐ |
| gas | ☐ | ☐ |
| heartburn | ☐ | ☐ |
| jaundice | ☐ | ☐ |
| nausea | ☐ | ☐ |
| rectal bleeding | ☐ | ☐ |
| stomach cramps | ☐ | ☐ |
| vomiting | ☐ | ☐ |

**Genitourinary** ☐ None

| | Yes | No |
|---|---|---|
| dark urine | ☐ | ☐ |
| decrease in urine flow | ☐ | ☐ |
| dysuria | ☐ | ☐ |
| frequent urinary infections | ☐ | ☐ |
| frequent urination | ☐ | ☐ |
| hematuria | ☐ | ☐ |
| impotence | ☐ | ☐ |
| nocturia | ☐ | ☐ |
| urethral discharge or incontinence | ☐ | ☐ |

**Hematologic/Lymphatic** ☐ None

| | Yes | No |
|---|---|---|
| bleeding gums or palpable lymph nodes | ☐ | ☐ |
| easy bruising | ☐ | ☐ |
| prolonged bleeding | ☐ | ☐ |

**Integumentary** ☐ None

| | Yes | No |
|---|---|---|
| allergies | ☐ | ☐ |
| dryness | ☐ | ☐ |
| hives | ☐ | ☐ |
| itching | ☐ | ☐ |
| jaundice | ☐ | ☐ |
| lesions | ☐ | ☐ |
| rashes | ☐ | ☐ |

**Musculoskeletal** ☐ None

| | Yes | No |
|---|---|---|
| arthritis | ☐ | ☐ |
| back pain | ☐ | ☐ |
| gout | ☐ | ☐ |
| joint deformity | ☐ | ☐ |
| joint pain | ☐ | ☐ |
| muscle weakness | ☐ | ☐ |
| stiffness | ☐ | ☐ |

**Neurological** ☐ None

| | Yes | No |
|---|---|---|
| dizziness | ☐ | ☐ |
| fainting | ☐ | ☐ |
| frequent headaches | ☐ | ☐ |
| migraine | ☐ | ☐ |
| numbness or tingling | ☐ | ☐ |
| seizures | ☐ | ☐ |
| tremors | ☐ | ☐ |
| vertigo | ☐ | ☐ |

**Psychiatric** ☐ None

| | Yes | No |
|---|---|---|
| anxiety | ☐ | ☐ |
| depression | ☐ | ☐ |
| difficulty sleeping | ☐ | ☐ |
| hallucinations | ☐ | ☐ |
| nervousness | ☐ | ☐ |
| panic attacks | ☐ | ☐ |
| paranoia | ☐ | ☐ |

**Respiratory** ☐ None

| | Yes | No |
|---|---|---|
| asthma | ☐ | ☐ |
| cough | ☐ | ☐ |
| dyspnea | ☐ | ☐ |
| excessive sputum | ☐ | ☐ |
| hemoptysis | ☐ | ☐ |
| shortness of breath with excercise | ☐ | ☐ |
| wheezing | ☐ | ☐ |

## Pharmacy

Name: ____________________



www.gi-excellence.com

Emphasizing endoscopy excellence,
we give our patients the comfort of clarity.