

GASTROENTEROLOGY ASSOCIATES, PC

A member of Northeast Medical Group

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Name:	(Last) Ho So Zip: Do d Language:	ome Phone: cial Security #: you have a living will Eth	Patient Sex: [] Female [] Male Cell Phone: Email: [] Yes [] No unicity: Married [] Divorced [] Widowed
Employer:	Home Phone #: Name:	Cell	Relationship: Phone #: Relationship: Phone #:
Pharmacy: Location: Which Laboratory do you normally use? Quest Bridgeport Hospital Lab Corp Clinical Lab Partners Do you have a Pace Maker or Defibulator? [] Y	Primary M.D. Referring M.D. Please list other doctor ———————————————————————————————————	s you see.	Do you have any medication allergies? [] Yes [] No If yes, please list:
Please list all medications you are taking (include			y smoke? [] Yes [] No
Name Strength Take	Frequency	If yes, how man Have you ever s Do you drink al [] Social drinke: alcoholic Do you have an	ny per day?
		If you have any	privacy issues please list them here:
Patient (or Guardian) Signature		Today's Date	

	Yes	No		Yes	No		Yes	No
Atrial Fibrillation			Depression			Myocardial Infarction		
Anemia			Diabetes Mellitus			Nerve/muscle disease		
Anxiety			Emphysema			Osteoporosis		
Arthritis			GERD		Seizures			
Asthmas			Glaucoma			Sickle Cell Anemia		
Blood Transfusion			Heart Murmur			Stroke		
Cancer			HIV/AIDS			Substance Abuse		
Cataracts			High Cholesterol			Thyroid Disease		
CHF			Hypertension			Tuberculosis		
Clotting Disorder			Kidney Disease			COPD		
Meningitis								

SURGICAL HISTORY

	Yes	No		Yes	No		Yes	No
Appendectomy			ENT Surgery			Prostate Surgery		
AICD (defibillator)			Esophasgus Surgery		Radical Neck Dissection			
Back Surgery			Gastrostomy			Radiosurgery		
Brain Surgery			Hernia Repair			TAH (hysterectomy)		
CABG (heart bypass)			Hip Surgery			TAH-BSO (+Ovaries)		
Cardiac			Hysterectomy			Thyroid surgery		
Angioplasty/Stenting								
C-Section			Joint Surgery			Tonsillectomy		
Cataract Removal/IOL			Heart Surgery		Tracheostomy			
implant								
Cholecystectomy			ORIF (Hip replacement)			Tubal Ligation		
(gallbladder)								
Colon Surgery			Pacemaker			TURP		
Colostomy			Portacath			Valve Replacement		

Family History – please check all that apply								
Mother	[] Colon Cancer	[] Colon Polyp	[] Crohn's Disease	[] Ulcerative Colitis				
Father	[] Colon Cancer	[] Colon Polyp	[] Crohn's Disease	[] Ulcerative Colitis				
Children	[] Colon Cancer	[] Colon Polyp	[] Crohn's Disease	[] Ulcerative Colitis				
Brother	[] Colon Cancer	[] Colon Polyp	[] Crohn's Disease	[] Ulcerative Colitis				
Sister	[] Colon Cancer	[] Colon Polyp	[] Crohn's Disease	[] Ulcerative Colitis				

Falls

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Please check any of the following issues or complaints you may have

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Constitution		<u>Eyes</u>	<u>GI</u>	Endo/Heme/Aler
Fever	()	Blurred vision ()	Heartburn ()	Easy bruise/bleed
Chills	()	Double vision ()	Nausea ()	Env. Allergies
Weight loss	()	Photophobia ()	Vomiting ()	Polydipsia
Malaise/fatigue	()	Eye Pain ()	Abdominal pain ()	
Diaphoresis	()	Eye discharge ()	Diarrhea ()	Neurological
Weakness	()	Eye redness ()	Constipation ()	Dizziness
	. ,		Blood in stool ()	Tingling
<u>Skin</u>		Cardiovascular	Melena ()	Tremor
Rash	()	Chest pain ()		Sensory Change
Itching	()	Palpitations ()	<u> </u>	Focal weakness
		Orthopnea ()	Dysuria ()	Seizures
Hent (head,ear,	nose,throat)	Claudication ()	Urgency ()	LOC
Headaches	()	Leg Swelling ()	Frequency ()	
Hearing loss	()	PND ()	Hematuria ()	Psychiatric
Tinnitus	()		Flank pain ()	Depression
Ear Pain	()	Respiratory		Suicidal ideas
Ear discharge	()	Cough ()	MS	Substance abuse
Nosebleeds	()	Hemoptysis ()	Myalgias ()	Hallucinations
Congestion	()	Sputum production ()	Neck pain ()	Nervous/Anxious
Stridor	()	Shortness of breath ()	Back pain ()	Insomnia
Sore throat	()	Wheezing ()	Joint pain ()	Memory loss