



ST. JOSEPH

GASTROENTEROLOGY

Please complete and return to our office

Patient Information

Name _____
Address _____

Phone (day) _____ (evening) _____
Date of Birth _____ Age _____
Social Security No _____

Referred by _____
Physicians you would like to receive a copy of your report

 Male Female Married Widow Single Divorced
Employed by _____
May we call you at work? yes No phone _____

Medication Allergies (including LATEX)
Name Reaction (list additional on back side)

Have you ever had a drug resistant infection? yes no
Do you take aspirin or aspirin products yes no
if yes, the last time it was taken _____

Do you take blood thinners? yes no
Are you pregnant? N/A yes no

Any problems with anesthesia? yes no

Any physical disabilities? yes no
please explain _____

Do you drink alcohol? yes no
amount/week _____

Do you smoke? yes no
packs/day _____ for how many years _____
quit - How many years ago?

Dentures Hearing Aid Glasses

Other _____

Hospitalizations/Surgeries
(list illnesses or operations and approximate year)

**What type of symptoms
are you having?**

- Difficulty swallowing
- Heartburn
- Nausea/vomiting
- Indigestion
- Abdominal pain/cramps
- History of ulcers
- Black/bloody stools
- Change in bowel habit
- Constipation
- Diarrhea
- Rectal bleeding
- Weight loss
- History of colon polyps/cancer
- Screening
- Other _____

Have you ever had a colonoscopy?

When _____ By Whom?

Do you have the following?

- Heart disease
- High Blood pressure
- Pacemaker Heart valve
- ICD/defibrillator
- Respiratory problems
- Diabetes B/S _____
- Glaucoma
- Cancer
- Seizures
- Liver Disease

**Has anyone in your
immediate family been
diagnosed with**

colon cancer, polyps
inflammatory bowel, colitis
Crohn's, irritable bowel .

What, Whom & age diagnosed

I agree that the above information is correct.

Signature _____ Date _____

Medicines (please list all medicines you are now taking)

Name	Dose	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Thank you for taking the time to fill out this important questionnaire. Please return to
St. Joseph Gastroenterology
358 Broadway, Suite 100
Bangor, Maine 04401