Gastroenterology Associates
of Fairfield County

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425 Post Road
Fairfield, CT 06824

(203) 333-3328
2660 Main Street
Bridgeport, CT 06606

Referring MD
Chart Number:
Date:

Date:_____
Marital status S M W D

Patient Name:
DOB:
Gender:
Age:

Patient History Form

Please complete the following information:

List any prescription medication, herbal remedies, vitamins and over-the-counter medications you take:

_____

_____

Are you allergic to any medication? Yes No (*please circle one*) if yes, please list._____

_____

Have you ever had a flexible sigmoidoscopy or colonoscopy in the past? Yes No (please circle one) If yes, when?

_____

List all surgeries: _____

_____

List medical conditions for which you are under the care of a healthcare provider:

_____ _____ _____

_____ _____ _____

Family History: *(Please circle any that apply to a blood relative)*

Diabetes High Blood Pressure Heart Disease Colon Cancer Colon Polyps Ulcer Disease

Other:_____

Review of Symptoms: *(Please circle any symptoms you are experiencing at the present time)*

Lack of energy	Heartburn	Pain with urination	Chronic cough
trouble sleeping	Difficulty swallowing	Blood in urine	Sleep apnea
Weight loss	Regurgitation	Pregnant	Painful menses
Weight gain	Sour taste in mouth	Joint swelling	New skin rash
Fever	Changes in vision	Joint redness	Depression
Excessive thirst	Palpitations	Joint pain	Anxiety
Constipation	Post nasal drip	Back pain	Numbness/Tingling
Diarrhea	Sore throat	Muscle aches	
Nausea	Voice change	Chest pain	
Vomiting	Wheezing	Swollen legs	
Rectal bleeding	Hormonal problems	Shortness of Breath	
Abdominal pain	Frequent urination	Coughing up blood	

Date of last menstrual period_____
Occupation
Do you smoke/former smoker? Yes/No How much per day?_____How many years?_____
Drink alcohol/former drinker? Yes/No Quantity per week_____
Drink caffinated beverages? Yes/No Quantity per week_____
Use IV drugs or nasal cocaine? Yes/No When?_____
How did you hear about our practice?_____

MD/APRN initials:_____ **Date:**_____ **MD/APRN initials:** _____ **Date:**_____