Central Texas Gastroenterology Consultants

2206 E. Villa Maria Rd.
Bryan, Texas 77802
979.776.4600

Charles Moore, M.D.
L. Henry Pham, M.D.
Phyllis C. Chang, M.D.
Joshua Sultz, M.D.
David Case, M.D.
Christopher J. Derbes, M.D.
Kayce Kieschnick, PA-C
Hannah Helm, PA-C

Patient Interview Form

Patient Information

First Name:_____ Last Name:_____

MRN:_____ Date Of Birth:_____

Age:_____ Notes:_____

Email

Personal:_____

Race

Select one or more

- ☐ White
- ☐ Black or African American
- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Other Race
- ☐ Unknown
- ☐ Patient declines to specify
- ☐ Prohibited by state law

Ethnicity

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Patient declines to specify
- ☐ Prohibited by state law
- ☐ Unknown

Sex

- ☐ Male
- ☐ Female
- ☐ Other

Preferred Language

- ☐ Arabic
- ☐ Chinese
- ☐ English
- ☐ French
- ☐ German
- ☐ Korean
- ☐ Spanish; Castilian
- ☐ Tagalog
- ☐ Vietnamese
- ☐ Patient declines to specify

Contact Preference

- ☐ Email
- ☐ Cell phone
- ☐ Telephone call-Work
- ☐ Telephone call - Home
- ☐ Patient Portal
- ☐ Patient declines to specify

Allergies

- ☐ Patient has no known allergies
- ☐ Patient has no known drug allergies

General Allergies

☐ Dairy Products	☐ Latex	☐ Peanuts	☐ Shellfish
Other:_____	Other:_____	Other:_____	Other:_____

Medication Allergies

☐ Penicillins	☐ Sulfa	☐ Codeine	☐ Iodine
☐ Demerol	☐ Aspirin	☐ Fentanyl	☐ Versed
Other:	Other:	Other:	Other:

Current Medications

☐ None

Name	Dose	How taken?

Pharmacy

Name	Address	Phone

Consent to Import Medication History

I consent to obtaining a history of my medications purchased at pharmacies.

☐ Yes ☐ No

Immunizations

☐ None

☐ Influenza	☐ Pneumovax	☐ Prevnar	☐ Hepatitis A	☐ Hepatitis B
When:	When:	When:	When:	When:

Past or Present Medical Conditions

☐ None

GI	☐ Acid Reflux	☐ Barrett's Esophagus	☐ Liver enzymes abnormal	☐ Cirrhosis
	☐ Fatty Liver	☐ Hepatitis A	☐ Hepatitis B	☐ Hepatitis C
	☐ Colon Cancer	☐ Colon Polyps	☐ Crohn's Disease	☐ Diverticulosis
	☐ Diverticulitis	☐ Gallstones	☐ Hemorrhoids	☐ Esophageal Stricture
	☐ H. Pylori Infection	☐ Irritable Bowel Syndrome	☐ Pancreatitis	☐ Gastric Ulcer
	☐ Ulcerative Colitis	☐ Hiatal hernia	☐ Liver Disease	☐ Intestinal obstruction
Cardiac	☐ Atrial Fibrillation	☐ Congestive Heart Failure	☐ Coronary Artery Disease	☐ Heart Attack
	☐ High blood pressure	☐ High Cholesterol	☐ TIA	☐ Cerebrovascular Accident (Stroke)

Other

- Alcohol abuse
- Anemia
- Anxiety Disorder
- Depression
- Arthritis
- Asthma
- Blood Clot in Lung
- Blood Transfusion
- Cancer
- Chronic Lung Disease
- Diabetes Type 1
- Diabetes Type 2
- Drug dependence
- Endometriosis
- HIV infection
- Chronic Kidney Disease
- Kidney stones
- Lupus Erythematosus
- Autoimmune Disease
- Ovarian Cyst
- Mental disorder
- Dementia
- Seizures
- Sickle Cell Trait
- Sleep apnea
- Disorder of thyroid gland
- Tuberculosis

Review Of Systems

Allergic/Immunologic

None	Y	N
HIV exposure	○	○
persistent infections	○	○
strong allergic reactions or urticaria	○	○

Cardiovascular

None	Y	N
chest pain	○	○
shortness of breath with exercise	○	○
palpitations	○	○
peripheral edema	○	○
syncope	○	○

Constitutional

None	Y	N
fatigue	○	○
fever	○	○
loss of appetite	○	○
weight gain	○	○
weight loss	○	○
recent travel outside of the U.S.	○	○

ENMT

None	Y	N
difficulty swallowing	○	○
nose bleeds	○	○
sore throat	○	○
hoarse voice	○	○
choking	○	○

Endocrine

None	Y	N
excessive thirst	○	○
hair loss	○	○

Eyes

None	Y	N
loss of vision	○	○
recent change in eyesight	○	○

Gastrointestinal

None	Y	N
abdominal pain	○	○
abdominal swelling	○	○
change in bowel habits	○	○
constipation	○	○
diarrhea	○	○
gas	○	○
heartburn	○	○
jaundice	○	○
nausea	○	○
rectal bleeding	○	○
stomach cramps	○	○
vomiting	○	○
difficulty swallowing	○	○
mucus in stools	○	○
black tarry stools	○	○
small or narrow stools	○	○

Genitourinary

None	Y	N
difficulty with urination	○	○
frequent urinary infections	○	○
blood in urine	○	○

Hematologic/Lymphatic

None	Y	N
easy bruising	○	○
prolonged bleeding	○	○
palpable lymph nodes	○	○

Integumentary

None	Y	N
hives	○	○
itching	○	○
jaundice	○	○
rashes	○	○

Musculoskeletal

None	Y	N
back pain	○	○
joint pain	○	○
muscle weakness	○	○

Neurological

None	Y	N
dizziness	○	○
fainting	○	○
frequent headaches	○	○
migraine	○	○
seizures	○	○
memory loss	○	○

Psychiatric

None	Y	N
anxiety	○	○
depression	○	○
panic attacks	○	○

Respiratory

None	Y	N
cough	○	○
dyspnea	○	○
excessive sputum	○	○
coughing up blood	○	○
wheezing	○	○

Diagnostic Studies / Tests

○ None

☐ EGD When:_____	☐ Colonoscopy When:_____	☐ Flexible Sigmoidoscopy When:_____	☐ Fecal Test To Detect Blood When:_____
If You Are Diabetic: ☐ Hemoglobin A1C When:_____	☐ Dilated Eye/Retinal Exam When:_____		

Previous Procedures

☐ None

GI Surgeries	☐ Appendix Removed When:_____	☐ Hernia Repair - Abdominal Wall When:_____	☐ Hernia Repair - Inguinal When:_____	☐ Hiatal Hernia Repair When:_____
	☐ Colon Surgery When:_____	☐ Gallbladder Removed When:_____	☐ Exploratory Surgery of Abdomen When:_____	☐ Hemorrhoid Surgery When:_____
	☐ Abdominoplasty (Tummy Tuck) When:_____	☐ Surgery for Bowel Obstruction or Adhesions When:_____	☐ Weight Loss Surgery When:_____	☐ Esophagus Surgery When:_____
	☐ Stomach Surgery When:_____	☐ Liver Biopsy When:_____		
Cardiac Surgeries/Procedures	☐ Angioplasty When:_____	☐ Cardiac Cath - intervention unspecified When:_____	☐ Coronary Artery Bypass Graft (CABG) When:_____	☐ Defibrillator Placement When:_____
	☐ Pacemaker Insertion When:_____	☐ Cardiac Cath - with stent placement When:_____	☐ Valve Replacement - Aortic When:_____	☐ Valve Replacement - Mitral When:_____
Other	☐ Organ Transplant When:_____	☐ Cataract Surgery When:_____	☐ Caeserean Section When:_____	☐ Hysterectomy When:_____
	☐ Tubal Ligation When:_____			

Family Medical History

☐ No knowledge of family history

No family history of	☐ Celiac sprue	☐ Colon cancer
	☐ Colon polyps	☐ Crohn's disease
	☐ Liver disease	☐ Stomach cancer
	☐ Ulcerative Colitis / IBD	

Diagnoses	Mother	Father	Sister	Brother	Daughter	Son
Colon Cancer	○	○	○	○	○	○
Colon Polyps	○	○	○	○	○	○

Liver Disease	○ ○ ○ ○ ○ ○
Esophageal Cancer	○ ○ ○ ○ ○ ○
Stomach Cancer	○ ○ ○ ○ ○ ○
Pancreatic Cancer	○ ○ ○ ○ ○ ○
Inflammatory Bowel Disease	○ ○ ○ ○ ○ ○
Celiac Disease	○ ○ ○ ○ ○ ○
Gallstones	○ ○ ○ ○ ○ ○

Social History

Occupation:_____ Number of Children:_____

Marital Status

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

Alcohol

☐ None

Type	Quantity	Number	Frequency
☐ Beer			
☐ Wine			
☐ Liquor			

Caffeine

☐ None

☐ Daily ☐ Occasionally ☐ 1-2 Servings Daily ☐ 3-5 Servings Daily ☐ >5 Servings Daily

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				
☐ Smokeless				
☐ Other				

Drug Use

☐ None

Type	Quantity	Number	Frequency
☐ Marijuana			
☐ IV Drug Use			
☐ Inhaled Drug			
☐ Former User			

Exercise

☐ None

- ⬭ Less than once a week
- ⬭ 1-2 times a week
- ⬭ 3-6 times a week
- ⬭ Everyday

Reminder Preference

I would like to receive preventive care and follow up care reminders.

- ⬭ Yes
- ⬭ No

Reviewed with

- ⬭ Patient
- ⬭ Parent
- ⬭ Guardian
- ⬭ Not Present

Signature

Signature Date