GANV
GASTROENTEROLOGY ASSOCIATES OF NORTHERN VIRGINIA
Leaders in gastrointestinal and liver care.
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# Patient Interview Form

## Patient Information

First Name:_____ Last Name:_____

Date Of Birth:_____ Age:_____

Height:_____ Weight:_____

Race
Select one or more

- ☐ White
- ☐ Black or African American
- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ 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

Preferred Language

- ☐ Arabic
- ☐ English
- ☐ Hindi
- ☐ Korean
- ☐ Spanish; Castilian
- ☐ Patient declines to specify

## Consent to Share Data

I consent to having my medical and demographic information shared with other health care entities.

- ☐ Yes
- ☐ No

## Reminder Preference

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

- ☐ Yes
- ☐ No

## Pharmacy

Name Address Phone

## Consent to Import Medication History

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

- ☐ Yes
- ☐ No

## Primary Care Physician

None

## Referring Physician

None

## Cardiologist

None

## Current Medication

None

| Name | Dose | How taken? |
| --- | --- | --- |
| | | |
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## Allergies

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

| | | | | |
|---|---|---|---|---|
| ☐ Penicillins | ☐ Adhesive Tape | ☐ Antibiotics | ☐ Eggs | ☐ Soy |
| ☐ Latex gloves | ☐ Sulfa (Sulfonamide Antibiotics) | ☐ Contrast Iodine | ☐ Anesthesia | Other: _____ |

## Past or Present Medical Conditions

- ☐ None

| | | | | |
|---|---|---|---|---|
| Cancer | ☐ Esophagus | ☐ Ovaries | ☐ Skin | ☐ Stomach |
| | ☐ Lungs | ☐ Colon | ☐ Rectum | ☐ Prostate |
| | ☐ Uterus | ☐ Leukemia | ☐ Pancreas | ☐ Breast |
| | ☐ Bladder | ☐ Mouth/Throat | Other: _____ | |
| Diagnosed GI Conditions | ☐ Celiac Disease/Sprue | ☐ Hiatal Hernia | ☐ Anal Fissure | ☐ Colon Polyps |
| | ☐ Pancreatitis | ☐ Hemorrhoids | ☐ Gastric Ulcer | ☐ GERD |
| | ☐ Diverticulosis | ☐ Diverticulitis | ☐ Hepatitis A | ☐ Hepatitis B |
| | ☐ Hepatitis C | ☐ Hepatic Failure | ☐ Crohn's Disease | ☐ Alcohol Abuse |
| | ☐ Irritable Bowel Syndrome | ☐ Intestinal Obstruction | ☐ Yellow or Jaundiced Color | ☐ Barrett's Esophagus |
| | ☐ Esophageal Stricture | ☐ Chronic Constipation | ☐ Ulcerative Colitis | ☐ Helicobacter Pylori/H. Pylori |
| | ☐ Disorder of Gallbladder | ☐ Gastrointestinal Bleeding | ☐ Clostridium Difficile Infection | ☐ Antibiotic Treatment in Past 3 Months |
| | ☐ Cirrhosis/Liver Failure | Other: _____ | | |
| Non-Gastrointestinal Conditions | ☐ Congestive Heart Failure | ☐ Exposure to HIV | ☐ Asthma | ☐ Lupus |
| | ☐ Seizure Disorder | ☐ Stroke | ☐ Multiple Sclerosis | ☐ Thyroid Disease |
| | ☐ Heart Attack | ☐ Heart Disease | ☐ Blood Clots | ☐ Anemia |
| | ☐ HIV Positive | ☐ Arthritis | ☐ Hypertension | ☐ Fibromyalgia |
| | ☐ Kidney Disease | ☐ C.O.P.D. | ☐ Abnormal Heartbeat | ☐ Cardiac Arrhythmia |
| | ☐ Unspecified atherosclerosis (hardening of arteries) | ☐ Type 1 Diabetes Mellitus | ☐ Type 2 Diabetes Mellitus | ☐ High Cholesterol |
| | ☐ Other: _____ | | | |

## Diagnostic Studies/Tests

- [ ] None

- [ ] Colonoscopy When:_____
- [ ] Flexible Sigmoidoscopy When:_____
- [ ] EGD When:_____
- [ ] ERCP When:_____
- [ ] EUS When:_____
- [ ] CT Abdomen/Pelvis When:_____
- [ ] Abdominal Ultrasound When:_____
- [ ] MRI Abdomen/Pelvis When:_____
- [ ] MRCP When:_____

## Previous Procedures

- [ ] None

- [ ] Appendectomy
- [ ] Colectomy
- [ ] Gallbladder Removal
- [ ] Transplant - Liver
- [ ] Pacemaker Insertion
- [ ] Hiatal Hernia Repair
- [ ] Coronary Artery Bypass Graft (CABG)
- [ ] Defibrillator Placement
- [ ] Heart Valve Replacement
- [ ] Cesarean Section
- [ ] Shoulder Surgery
- [ ] Hysterectomy - Abdominal
- [ ] Transplant - Renal
- [ ] Back Surgery
- [ ] Craniotomy/Brain Surgery
- [ ] Lysis of Adhesions
- [ ] TURP
- [ ] Knee Surgery
- [ ] Breast Surgery
- [ ] Cataract Surgery
- [ ] Cosmetic Surgery
- [ ] Hip Replacement
- [ ] Hernia Repair - Umbilical
- [ ] Tonsillectomy
- [ ] Cardiac Cath - with stent placement
- [ ] Abdominal aortic aneurysm (AAA) repair

Other:_____

## Social History

Occupation:_____ Number of Children:_____

### Marital Status

- [ ] Single
- [ ] Married
- [ ] Divorced
- [ ] Separated
- [ ] Widowed
- [ ] Civil Union
- [ ] Other

### Alcohol

- [ ] None

- [ ] Daily
- [ ] Weekly
- [ ] Socially
- [ ] Previous

### Caffeine

- [ ] None

- [ ] In the Past
- [ ] 1 cup daily
- [ ] 2-3 cups daily
- [ ] More than 5
- [ ] Occasional

### Drug Use

- [ ] None

- [ ] Marijuana
- [ ] IV
- [ ] Cocaine
- [ ] Previous Drug Use
- [ ] Other

### 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

## 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 | Maternal Grandmother | Maternal Grandfather | Paternal Grandmother | Paternal Grandfather | Other | Age of Onset |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Colorectal Cancer | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | _____ |
| Colon Polyps | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | _____ |
| Irritable Bowel Syndrome | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | |
| Liver Disease | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | |
| Ulcerative Colitis | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | |
| Crohn's Disease | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | |
| Celiac Disease | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | |
| Alcohol Abuse | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | |
| Hemochromatosis | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | |
| Autoimmune Hepatitis | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | |
| Liver Failure | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | |
| Ulcer Disease | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | |
| Gallstone | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | |
| Hepatitis B | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | |
| Hepatitis C | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | |
| Stomach Cancer | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | |
| Breast Cancer | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | |
| Uterine Cancer | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | |
| Ovarian Cancer | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | |
| Lung Cancer | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | |
| Skin Cancer | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | |
| Leukemia | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | |
| Pancreatic Cancer | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | |
| Other: | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | |

## Immunizations

☐ None

☐ Flu vaccine
☐ PCV7 (Pneumonia)

## Review Of Systems (Within last 6 months)

**Cardiovascular**

| None | Y | N |
|---|---|---|
| chest pain | ○ | ○ |
| fainting | ○ | ○ |
| swelling of extremeties | ○ | ○ |

**Respiratory**

| None | Y | N |
|---|---|---|
| cough | ○ | ○ |
| dyspnea | ○ | ○ |
| wheezing | ○ | ○ |
| excessive phlegm | ○ | ○ |
| coughing up blood | ○ | ○ |

**Constitutional**

| None | Y | N |
|---|---|---|
| fatigue | ○ | ○ |
| fever | ○ | ○ |
| loss of appetite | ○ | ○ |
| sudden weight loss | ○ | ○ |
| night sweats | ○ | ○ |

**ENMT**

| None | Y | N |
|---|---|---|
| ear pain | ○ | ○ |
| nasal obstruction | ○ | ○ |
| nose bleeds | ○ | ○ |
| sore throat | ○ | ○ |
| hearing loss | ○ | ○ |
| Sleep Apnea | ○ | ○ |
| Hoarseness | ○ | ○ |

**Endocrine**

| None | Y | N |
|---|---|---|
| excessive thirst | ○ | ○ |
| heat intolerance | ○ | ○ |

**Eyes**

| None | Y | N |
|---|---|---|
| loss of vision | ○ | ○ |

**Gastrointestinal**

| None | Y | N |
|---|---|---|
| abdominal pain | ○ | ○ |
| abdominal swelling | ○ | ○ |
| change in bowel habits | ○ | ○ |
| constipation | ○ | ○ |
| diarrhea | ○ | ○ |
| gas/flatulence | ○ | ○ |
| heartburn | ○ | ○ |
| nausea | ○ | ○ |
| rectal bleeding | ○ | ○ |
| stomach cramps | ○ | ○ |
| vomiting | ○ | ○ |
| food intolerance | ○ | ○ |
| vomiting blood | ○ | ○ |
| black stool | ○ | ○ |
| pain with bowel movement | ○ | ○ |
| incontinence of stool | ○ | ○ |
| blood in stool | ○ | ○ |
| difficulty swallowing | ○ | ○ |

**Genitourinary**

| None | Y | N |
|---|---|---|
| dark urine | ○ | ○ |
| painful urination | ○ | ○ |
| frequent urination | ○ | ○ |
| blood in urine | ○ | ○ |

**Integumentary**

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

**Musculoskeletal**

| None | Y | N |
|---|---|---|
| back pain | ○ | ○ |
| joint pain | ○ | ○ |
| muscle weakness | ○ | ○ |
| stiffness | ○ | ○ |

**Neurological**

| None | Y | N |
|---|---|---|
| dizziness | ○ | ○ |
| fainting | ○ | ○ |
| frequent headaches | ○ | ○ |
| migraine | ○ | ○ |
| numbness or tingling | ○ | ○ |
| seizures | ○ | ○ |
| memory loss | ○ | ○ |
| Dementia | ○ | ○ |

**Psychiatric**

| None | Y | N |
|---|---|---|
| anxiety | ○ | ○ |
| depression | ○ | ○ |
| hallucinations | ○ | ○ |
| nervousness | ○ | ○ |
| panic attacks | ○ | ○ |
| paranoia | ○ | ○ |

Signature Date