Gastroenterology Consultants of Boca Raton
951 NW 13th Street, Suite 2E, Boca Raton, FL 33486
5258 Linton Blvd #202, Delray Beach, FL 33484
Ph# 561-368-3455 Fax# 561-368-8642

Todd Eisner, MD
Theodore Doukides, MD
Stephen Miller, MD
Shelley Clarke, ARNP

Patient Interview Form

Patient Information

First Name:____________ Last Name:____________ Date Of Birth:____________

Email
Please check one as your preferred email for communications

- Personal:____________
- Work:____________

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
- Unknown

Preferred Language

- English
- Patient declines to specify

Contact Preference

- Letter
- Email
- Cell phone
- Telephone call - Home
- Patient declines to specify
- Other:____________

Pharmacy

Name ____ Address ____ Phone ____

Allergies

- [ ] Patient has no known allergies
- [ ] Patient has no known drug allergies

- [ ] Adhesive Tape
- [ ] Codeine Sulfate
- [ ] Erythromycin
- [ ] Penicillins
- [ ] Shellfish
- [ ] Iv Dye, Iodine Containing
- [ ] Latex gloves

Current Medications

- [ ] None

Name	Dose	How taken?

Immunizations

- [ ] None

- [ ] Flu vaccine When:____
- [ ] Pneumonia When:____
- [ ] COVID 19 When:____

Diagnostic Studies/Tests

- [ ] None

- [ ] Colonoscopy When:____
- [ ] EGD When:____
- [ ] CT Abdomen/Pelvis When:____
- [ ] MRI Abdomen/Pelvis When:____
- [ ] ERCP When:____
- [ ] EUS When:____
- [ ] Capsule Endoscopy When:____
- [ ] HIDA / CCK Scan When:____
- [ ] Gastric Emptying Study When:____
- [ ] Abdominal Ultrasound When:____

Previous Procedures

- [ ] None

- [ ] Cholecystecomy
- [ ] Appendectomy
- [ ] Colon resection
- [ ] Small Bowel Resection
- [ ] Exploratory Laparoscopy
- [ ] Gastric Bypass
- [ ] Gastric Lap Band
- [ ] Hemorrhoidectomy
- [ ] Hemorrhoid banding
- [ ] Abdominoplasty
- [ ] Hysterectomy - Abdominal
- [ ] Bilateral Tubal Ligation (BTL)
- [ ] Mastectomy R Breast
- [ ] Mastectomy L Breast
- [ ] Pacemaker Insertion
- [ ] Defibrillator Placement
- [ ] Coronary Artery Bypass Graft (CABG)
- [ ] Abdominal aortic aneurysm (AAA) repair
- [ ] Heart valve replacement
- [ ] Cardiac Cath - with stent placement
- [ ] Joint Replacement
- [ ] Back Surgery
- [ ] Fibromyalgia

Other:____ Other:____

Past or Present Medical Conditions

- [ ] None

Gastroenterology/Hepatology

- [ ] Colon polyp history
- [ ] Colon cancer
- [ ] Irritable Bowel Syndrome
- [ ] Diverticulitis
- [ ] Crohn's Disease
- [ ] Ulcerative Colitis
- [ ] Gastroesophageal Reflux Disease (GERD)
- [ ] Barrett's Esophagus
- [ ] Ulcer Disease
- [ ] Hepatitis B
- [ ] Hepatitis C
- [ ] Fatty Liver
- [ ] Cirrhosis
- [ ] Celiac Disease
- [ ] Bowel Obstruction
- [ ] Pancreatitis
- [ ] Anemia
- [ ] Gastric Cancer
- [ ] Pancreatic Cancer
- [ ] Esophageal Cancer
- [ ] S/P GI Bleed
- [ ] Diverticulosis
- [ ] Gastritis
- [ ] Barrett's esophagus with esophagitis
- [ ] Hepatitis A
- [ ] Helicobacter pylori [H. pylori]
- [ ] Crohn's Colitis

Other: ____________ Other: ____________

Cardiology

- [ ] Coronary Artery Disease
- [ ] Congestive Heart Failure
- [ ] Heart Attack
- [ ] High blood pressure
- [ ] Atrial Fibrillation
- [ ] Vascular Disease
- [ ] High Cholesterol
- [ ] Stroke
- [ ] Transient Ischemic Attack
- [ ] Valvular heart disease
- [ ] Pacemaker
- [ ] Coronary Artery Stents

Other: ____________ Other: ____________

Pulmonology

- [ ] C.O.P.D.
- [ ] Asthma
- [ ] Sleep apnea
- [ ] Blood Clots (leg)
- [ ] Blood Clots (lung)
- [ ] Wheezing

Other: ____________ Other: ____________

Other

- [ ] Anxiety disorder
- [ ] Arthritis
- [ ] Bipolar disorder
- [ ] Body piercings
- [ ] Breast cancer
- [ ] Current pregnancy
- [ ] Depression
- [ ] Diabetes Mellitus, Insulin Dependent (Type 1)
- [ ] Diabetes Mellitus, Non-Insulin Dependent (Type 2)
- [ ] Fibrositis / Fibromyalgia
- [ ] Gout
- [ ] HIV exposure
- [ ] HIV infection
- [ ] Hypothyroidism
- [ ] Kidney disease
- [ ] Kidney stones
- [ ] Lung cancer
- [ ] Ovarian Cancer
- [ ] Prostate Cancer
- [ ] Skin Cancer
- [ ] Seizures
- [ ] Tattoos

Social History

Occupation: ____________ Number of Children: ____________

Marital Status

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

Alcohol

- [ ] None
- [ ] Occasionally
- [ ] Daily

Caffeine

- [ ] None
- [ ] Occasionally
- [ ] 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				
⬭ Cigar				
⬭ Chewing Tobacco				

Drug Use

- ⬭ None

Type	Quantity	Number	Frequency
⬭ IV or intranasal drugs			Times / month
⬭ Recreational			Times / month

Exercise

- ⬭ None
- ⬭ Regular exercise
- ⬭ Occasional exercise

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

	Mother	Father	Sister	Brother	Grandmother	Grandfather
Health Status						
Age/Date of Birth	______	______	______	______	______	______
Healthy	○	○	○	○	○	○
Ill	○	○	○	○	○	○
Seriously Ill	○	○	○	○	○	○
Disabled	○	○	○	○	○	○
In Remission	○	○	○	○	○	○
Alive	○	○	○	○	○	○
Deceased/At Age	○ ____	○ ____	○ ____	○ ____	○ ____	○ ____
Cause of Death	______	______	______	______	______	______
Diagnoses						
Celiac Disease	○	○	○	○	○	○
Colon cancer	○	○	○	○	○	○
Colon polyps	○	○	○	○	○	○
Crohn's disease	○	○	○	○	○	○
Gallbladder disease	○	○	○	○	○	○
Liver disease	○	○	○	○	○	○
Ulcerative colitis	○	○	○	○	○	○
Breast Cancer	○	○	○	○	○	○
Ovarian Cancer	○	○	○	○	○	○
Lung Cancer	○	○	○	○	○	○
Esophageal Cancer	○	○	○	○	○	○
Pancreatic Cancer	○	○	○	○	○	○
Other:	○	○	○	○	○	○

Review Of Systems

Allergic/Immunologic

None

	Y	N
HIV exposure		
persistent infections		
strong allergic reactions or urticaria		

Cardiovascular

None

	Y	N
chest pain		
dyspnea with exercise		
irregular heart beat		
orthopnea		
palpitations		
peripheral edema		
syncope		

Constitutional

None

	Y	N
fatigue		
fever		
loss of appetite		
malaise		
sweats		
weight gain		
weight loss		

ENMT

None

	Y	N
difficulty swallowing		
dizziness		
ear pain		
nasal obstruction		
nose bleeds		
sore throat		
hearing loss		
post nasal drip		

Endocrine

None

	Y	N
excessive thirst		
hair loss		
heat intolerance		

Eyes

None

	Y	N
double vision		
loss of vision		
photophobia		

Gastrointestinal

Genitourinary

None

	Y	N
dark urine		
decrease in urine flow		
dysuria		
frequent urinary infections		
frequent urination		
hematuria		
impotence		
nocturia		
urethral discharge or incontinence		

Hematologic/Lymphatic

None

	Y	N
bleeding gums or palpable lymph nodes		
easy bruising		
prolonged bleeding		

Integumentary

None

	Y	N
allergies		
dryness		
hives		
itching		
jaundice		
lesions		
rashes		

Musculoskeletal

None

	Y	N
arthritis		
back pain		
gout		
joint deformity		
joint pain		
muscle weakness		
stiffness		

Neurological

None

	Y	N
dizziness		
fainting		
frequent headaches		
migraine		
numbness or tingling		
seizures		
tremors		
vertigo		
memory loss		

Psychiatric

None

Y N

Respiratory

None

	Y	N
asthma		
cough		
dyspnea		
excessive sputum		
coughing up blood		
shortness of breath with exercise		
wheezing		

None

	Y	N
vomiting		
abdominal pain		
abdominal swelling		
change in bowel habits		
constipation		
diarrhea		
gas		
heartburn		
jaundice		
nausea		
rectal bleeding		
stomach cramps		

	Y	N
difficulty swallowing		
painful swallowing		
regurgitation		
black stools		
rectal pain		
hemorrhoids		
hoarseness		
increase in abdominal girth		
loss of appetite		
perianal pain		
weight loss		
water brash		
early satiety		
abdominal bloating		
odynophagia		
belching		
dyspepsia		
incontinence of stool		

None

	Y	N
anxiety		
depression		
difficulty sleeping		
hallucinations		
nervousness		
panic attacks		
paranoia		

Consent to Import Medication History

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

- Yes
- No

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