

Gastroenterology Associates of Fairfield County



(203) 292-9000
425 Post Road
Fairfield, CT 06824
Referring MD
Chart Number:

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

Date: _____

Date:

Marital status S M W D

Patient Name:

Age:

DOB:

Gender:

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 caffeinated 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: _____