Alabama Colon & Gastro, P.C.

Patient Name:_____ DOB:_____Date of Visit:_____

Your Personal Medical History

Please complete the following information for your past or ongoing medical conditions.

- ❍ Allergic rhinitis
- ❍ Anal Warts
- ❍ Anxiety/Depression
- ❍ Asthma
- ❍ Barrett's Esophagus
- ❍ Bleeding Disorder
- ❍ Blood Clots
- ❍ Bowel Obstruction
- ❍ Breast Cancer
- ❍ Celiac disease or sprue
- ❍ Chronic Renal Failure Syndrome
- ❍ Colon Cancer/Colon Polyps
- ❍ Congestive Heart Failure
- ❍ COPD
- ❍ Coronary Artery Disease
- ❍ Coronary Artery Stent Placement
- ❍ Crohn's Disease
- ❍ Diabetes Mellitus
- ❍ Dialysis
- ❍ Diverticulosis
- ❍ Diverticulitis (infected diverticulosis)
- ❍ Emphysema
- ❍ Esophageal Cancer
- ❍ Esophageal Reflux Disease (GERD)
- ❍ Esophageal Stricture
- ❍ Esophageal Varices
- ❍ Fatty Liver
- ❍ Fibromyalgia
- ❍ Gastritis
- ❍ Genital herpes
- ❍ Glaucoma
- ❍ Gout
- ❍ Grave's Disease
- ❍ Hemorrhoids
- ❍ Hepatitis (type, if known_____)
- ❍ Hiatal Hernia
- ❍ History of H. pylori infection
- ❍ High blood pressure or hypertension
- ❍ Hyperlipidemia
- ❍ Inguinal Hernia
- ❍ Iron Deficiency Anemia
- ❍ Irritable Bowel Syndrome
- ❍ Ischemic Colitis
- ❍ Kidney Stones
- ❍ Liver Cancer
- ❍ Lung Cancer
- ❍ Lymphoma
- ❍ Migraine Headaches

- ❍ **None of the above**

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- ❍ Osteoarthritis
- ❍ Osteoporosis
- ❍ Osteopenia
- ❍ Pancreatitis
- ❍ Pancreatic Cancer
- ❍ Pernicious Anemia
- ❍ Prostate Cancer
- ❍ Prostate Enlargement
- ❍ Rheumatoid Arthritis
- ❍ Schizophrenia
- ❍ Seizure Disorder
- ❍ Sinusitis
- ❍ Sleep Apnea (do you require C-PAP_____)
- ❍ Stomach or duodenal ulcer
- ❍ Stroke (cerebrovascular accident)
- ❍ TIA (Transient Ischemic Attack)
- ❍ Transfusion of blood or blood products
- ❍ Ulcerative Colitis
- ❍ Valvular Heart Disease
- ❍ None of the Above

Social History

Do you use any of the following?

- ❍ Tobacco Products: If yes, what type and how often:_____
- ❍ Alcohol: If yes, how many drinks per day:_____
- ❍ Recreational Drugs or Substances: If yes, names_____

Family History

Please complete the following information for any important medical disorders that could be inherited from your close family members (father, mother, sister or brother).

Please list family member(s):

- ❍ Heart Disease_____
- ❍ Hepatitis_____
- ❍ Bleeding Disorder_____
- ❍ Pancreatic Disease_____
- ❍ Colon Polyps_____
- ❍ Ulcerative Colitis_____
- ❍ Crohn's Disease_____
- ❍ Colon Cancer_____
- ❍ Other_____

- ❍ **None of the above**