

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**PHARMACY**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**HISTORY OF PRESENT ILLNESS**

Current Complaint: \_\_\_\_\_

Severity & Duration: \_\_\_\_\_

(how severe is the discomfort on a scale of 1 (no pain) to 10 (extreme pain / how long have you had this problem)

Modifying Factors: \_\_\_\_\_

(what makes your symptoms better or worse)

**PAST OR PRESENT MEDICAL CONDITIONS (PLEASE CIRCLE ALL THAT APPLY)**

<b>GI</b>	Cirrhosis	Barrett's	Colon Polyps	Pancreatitis
Anemia		Esophagus		
	Hepatitis A		Colon Cancer	Gallbladder Disease
Autoimmune Disease	Hepatitis B	GERD/reflux	Crohn's Disease	
Fatty Liver	Hepatitis C	Ulcer	Ulcerative Colitis	Diverticular Disease
	HIV	Trouble swallowing	Celiac Disease	
<b>OTHER:</b>				
Asthma or Emphysema	COPD	Dialysis	Seizures	Glaucoma
Sleep Apnea	Home oxygen	Congestive Heart Failure	Hypertension (controlled)	Mitral Valve Prolapse
	Atrial Fibrillation			
Supraventricular Arrhythmia	Kidney Disease	Pacemaker or Defibrillator	Hypertension (uncontrolled)	Diabetes
				Cancer
Artificial Heart Valve	Previous Heart Attack	Stroke	Rheumatoid Arthritis	

**MEDICATIONS**

**Please circle any of the following medications you have taken within the past month:**

<u>Medication containing Aspirin:</u>	Aspirin	Excedrin	Alka-Seltzer		
<u>Arthritis/Pain Medications:</u>	Ibuprofen/NSAIDS	Motrin	Aleve		
<u>Heartburn/Ulcer medications:</u>	Prilosec	Prevacid	Nexium	Dexilant	Protonix
<u>Anti-Spasmodic (for stomach cramps):</u>	Librax	Levsin	Hyoscyamine	Bentyl/Dicyclomine	
<u>Anxiety Medications:</u>	Xanax	Valium	Prozac	Zoloft	Paxil
<u>Blood thinners:</u>	Coumadin	Aspirin	Heparin	Plavix	Xarelto
<u>Anti Nausea Medications:</u>	Phenergan	Zofran	Compazine		
<u>Laxatives:</u>	Senna/Senokot	Lactulose	Miralax		
<u>Gastric Emptying Medications:</u>	Reglan	Propulsid	Domperidone		
<u>Fiber Supplements:</u>	Metamucil	Benefiber	Fiber-Con	Citrucel	
<u>Diarrhea Medications:</u>	Imodium	Lomotil	Pepto Bismol	Questran	Welchol
<u>Colon Medications:</u>	Asacol	Pentasa	Imuran	Methotrexate	Cholestyramine
<u>Diuretics:</u>	Furosemide	Spironolactone			
<u>Vitamins:</u>	Multivitamin	B12	Vit D-2	Vit D-3	Vit C
					Other: _____

**Name**

**Dose/Frequency**

**Allergies**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SOCIAL HISTORY (PLEASE CIRCLE ONE OPTION FOR EACH QUESTION)**

**Tobacco Use:**    Current Smoker                  Former Smoker                  Never Smoker

**Alcohol Use:**    Never    Social/Occasional                  Moderate

                                 Heavy    Type & Amount? \_\_\_\_\_

**Drug Use:**        Current Drug Use                  Former Drug Use                  Type & Frequency? \_\_\_\_\_

**PREVIOUS PROCEDURES/SURGERIES (PLEASE CIRCLE ALL THAT APPLY)**

None	Hernia Repair	Hysterectomy	Heart Stent
Nissen Fundoplication	Appendectomy	C-Section	Other _____
Hemorrhoidectomy	Gallbladder	Joint replacement	_____
Gastric Bypass	Colon Resection	Heart Surgery	_____

**PREVIOUS GI TESTING/PROCEDURES (PLEASE CIRCLE ALL THAT APPLY)**

Colonoscopy When/Where? _____	HIDA scan When/Where? _____
EGD/Upper Endoscopy When/Where? _____	Gastric Emptying Study When/Where? _____
Ultrasound of Abdomen/Pelvis When/Where? _____	Flexible Sigmoidoscopy When/Where? _____
CT of Abdomen/Pelvis When/Where? _____	EUS When/Where? _____
MRI of Abdomen/Pelvis When/Where? _____	ERCP When/Where? _____

**FAMILY HISTORY (PLEASE CIRCLE ALL THAT APPLY)**

Colon Polyps Who? _____	Diabetes Who? _____	Cancer Type? _____ Who? _____
IBD (Crohn's/Ulcerative Colitis) Who? _____	Heart Disease/Hypertension Who? _____	
Celiac Disease Who? _____	Liver Disease Who? _____	