WASHINGTON GASTROENTEROLOGY

PATIENT INTERVIEW - PROCEDURE

PLEASE DISREGARD IF YOU HAVE COMPLETED THIS FORM WITHIN THE LAST THREE (3) MONTHS.

Patient First Name ______________________ Patient Last Name ______________________

Date of Birth ______________________ Email ______________________

Race (Select one or more)

- ❑ White
- ❑ Black or African American
- ❑ American Indian or Alaska Native
- ❑ Asian
- ❑ Patient declines to specify
- ❑ Native Hawaiian or other Pacific Islander
- ❑ Unknown
- ❑ Other

Ethnicity

- ❑ Hispanic or Latino
- ❑ Not Hispanic or Latino
- ❑ Patient declines to specify
- ❑ Unknown

Gender

- ❑ Male
- ❑ Female
- ❑ Other

Preferred Language

- ❑ Chinese
- ❑ English
- ❑ Central Khmer
- ❑ Korean
- ❑ Patient declines to specify
- ❑ Spanish; Castilian
- ❑ Tagalog
- ❑ Vietnamese
- ❑ Russian

Contact Preference

- ❑ Home Phone
- ❑ Mobile Phone
- ❑ Patient Portal
- ❑ All preferences are acceptable
- ❑ Letter
- ❑ Patient declines to specify

Allergies

- ❑ Patient has no known allergies
- ❑ Eggs
  Reaction ______________
- ❑ Aspirin
  Reaction ______________
- ❑ Sulfa (Sulfonamide Antibiotics)
  Reaction ______________
- ❑ Patient has no known drug allergies
- ❑ Latex
  Reaction ______________
- ❑ IV Contrast
  Reaction ______________
- ❑ Peanuts
  Reaction ______________
- ❑ Nickel
  Reaction ______________
- ❑ Soy
  Reaction ______________
- ❑ Penicillins
  Reaction ______________
- ❑ Surgical tape
  Reaction ______________
- ❑ NSAIDS (Non-steroidal anti-inflammatory drugs)
  Reaction ______________

Other ______________ Reaction ______________

Pharmacy

____

Name Address Phone

Consent to Import Medication History

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

❑ Yes ❑ No

Current Medications

❑ None

Medication Name	Dose	How many times per day?

Diagnostic Studies

❑ None

❑ Colonoscopy
When ____________

❑ EGD (Upper Endoscopy)
When ____________

❑ Flexible Sigmoidoscopy
When ____________

Past or Present Medical Conditions

❑ None

General

❑ Does not accept blood products
❑ Blood thinner (other than aspirin)
❑ Defibrillator
❑ Home oxygen
❑ Pacemaker

Other ____

Cardiovascular

❑ Atrial fibrillation
❑ Congestive heart failure
❑ Coronary artery disease
❑ Heart attack
❑ Heart valve disorder
❑ Hyperlipidemia
❑ Hypertension

Other ____

Endocrine

❑ Type 1 diabetes mellitus
❑ Type 2 diabetes mellitus

Other ____

Gastrointestinal

❑ Barrett's esophagus
❑ Colon cancer
❑ Colon polyps
❑ Cirrhosis
❑ Crohn's disease
❑ Diverticulitis
❑ Gastric ulcer
❑ Hepatitis A
❑ Hepatitis B
❑ Hepatitis C
❑ Ulcerative colitis

Other ____

Neurological

❑ Seizure disorder
❑ Stroke
❑ TIA (mini-stroke)

Other ____

Pulmonary

❑ Asthma
❑ COPD
❑ Sleep apnea

Other ____

Other

❑ Chronic kidney disease
Other ____

Previous Procedures

❑ None

❑ Abdominal Aortic Anuerysm (AAA) repair
❑ Appendectomy
❑ C-Section
❑ Cholecystectomy (gallbladder removal)
❑ Colon resection
❑ Coronary artery bypass grafting (CABG)
❑ Exploratory abdominal surgery
❑ Heart stent
❑ Heart valve replacement/surgery
❑ Hemorrhoid surgery
❑ Hernia repair (abdominal)
❑ Hernia repair (hiatal)
❑ Hysterectomy
❑ Implanted medical device
❑ Lap band surgery
❑ Liver biopsy
❑ Reflux surgery
❑ Small bowel resection
❑ Weight loss surgery (bariatric)

Other ____

Social History

Occupation ____

Alcohol

❑ None ❑ Occasional ❑ Social ❑ Moderate ❑ Heavy ❑ Recovering alcoholic

Tobacco (Smoking Status)

❑ Current, every day smoker
❑ Current some days smoker
❑ Former smoker
❑ Never smoked
❑ Smoker, current status unknown
❑ Light tobacco smoker
❑ Heavy tobacco smoker
❑ Unknown if ever smoked
❑ Chewing Tobacco
❑ Smokeless

Drug Use

❑ None ❑ History of IV drug use ❑ Current recreational drug use ❑ Former recreational drug use ❑ Current use of marijuana

Family Medical History

❑ No knowledge of family history

No family history of:
❑ Colon cancer
❑ Colon polyps
❑ Crohn's disease
❑ Liver disease
❑ Ulcerative colitis

Diagnoses	Mother	Father	Sister	Brother	Daughter	Son	Other
Colon cancer							
Colon polyps							
Crohn's disease							
Liver disease							
Ulcerative colitis							

Office Use Only

Reviewed with

❑ Patient ❑ Parent ❑ Guardian ❑ Not Present