

Lebanon Digestive Disease Associates PLC

100 Physician's Way Suite 330
Lebanon TN 37090
(615) 449-6222

Patient Name: _____ Date: _____ Gender: M F Age: ____
Occupation: _____ Family Doctor: _____ Dr's Phone: _____
Family Dr's Address: _____ Other Drs you see: _____

CURRENT & PAST MEDICAL PROBLEMS (EX. DIABETES, BLOOD PRESSURE ETC.)

ILLNESS: _____

PAST SURGICAL HISTORY

OPERATION	YEAR	REASON
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER HOSPITALIZATIONS

NAME OF HOSPITAL	YEAR	REASON
_____	_____	_____
_____	_____	_____
_____	_____	_____

FOREIGN TRAVEL

PLACE: _____ YEAR: _____
PLACE: _____ YEAR: _____

ALLERGIES TO MEDICATION

NAME: _____ REACTION: _____
NAME: _____ REACTION: _____
NAME: _____ REACTION: _____

PLEASE LIST PRESENT MEDICATIONS YOU ARE TAKING

NAME: _____ DOSAGE: _____

DO YOU USE ASPIRIN OR ARTHRITIS MEDICATIONS? _____

SOCIAL HISTORY

HABITS: Smoking (cigarettes, pipe, cigars) How Much?: _____
Alcohol (wine, beer, liquor) How Much?: _____

PLEASE INDICATE HOW MUCH IS USED

COFFEE: _____ TEA: _____ SODA: _____ CHOCOLATE: _____

FIBER: _____ MINTS/GUM: _____ MILK OR DAIRY: _____

ANY FOOD INTOLERANCES: _____

FAMILY HISTORY

LIVING OR DECEASED	AGE	ILLNESS OR CAUSE OF DEATH
	(now or at death)	
FATHER: _____	_____	_____
MOTHER: _____	_____	_____
	(list individually)	
SISTERS : _____	_____	_____
_____	_____	_____
_____	_____	_____
BROTHERS: _____	_____	_____
_____	_____	_____
_____	_____	_____
CHILDREN: _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ANY FAMILY MEMBERS KNOWN TO HAVE COLON CANCER OR POLYPS? [] YES [] NO
 IF YES, RELATIONSHIP TO PATIENT: _____

REVIEW OF SYSTEMS

HAVE YOU RECENTLY EXPERIENCED ANY OF THE FOLLOWING?

General	Y	N	Eyes/Ears/Mouth	Y	N	Cardiac	Y	N	Muscles/Skelton	Y	N
Trouble Sleeping			Vision Trouble			Heart Problems			Joint Pain		
Change in Weight			Double Vision			Chest Pain			Morning Stiffness		
Loss of Energy			Eye Pain			Heart Murmurs			Back Problems		
Fever/Chills			Hearing Trouble			Heart Attacks			Neurologic		
Night Sweats			Ringing in Ears			Fainting			Blackouts		
			Dizziness			Difficulty Laying			Seizures		
Skin			Dental Problems						Frequent Headaches		
Rashes			Difficulty Swallowing			Gastrointestinal			Muscle Weakness		
Skin Color Change			Mouth Sores			Abdominal Pain			Trouble Talking		
Unhealed Sores			Hoarseness			Heartburn			Balance Problems		
						Nausea/Vomiting			Memory Changes		
Blood			Lungs			Diarrhea					
Unusual Bleeding			Nose Bleeds			Constipation			Emotion		
Easy Bruising			Cough			Blood in Stool			Mood Swings		
Anemia			Shortness of Breath						Crying Spells		
Enlarged Glands			Asthma			Urinary			Depression		
			Cold			Burning Urination			Psychiatric		
Endocrine						Blood in Urine			Treatment		
Heat/Cold Intolerance											
Hair Growth/Loss						Increase in Urine					
Increased Thirst						Flank Pain					
						Trouble in stop/start					
Increased Hunger											