

SOUTHWEST GASTROENTEROLOGY and OAK LAWN ENDOSCOPY
PATIENT INTERVIEW FORM (PIF)

IMPORTANT: PLEASE BRING ALL RECENT TEST RESULTS TO YOUR VISIT. VISIT WILL BE INCOMPLETE WITHOUT THIS INFORMATION.

Appointment Date: _____

Appointment with: _____

Patient Interview Form

Patient Information

First Name: _____ Last Name: _____
MRN: _____ Date Of Birth: _____
Age: _____ Notes: _____

Allergies

Patient has no known allergies

Patient has no known drug allergies

Latex

midazolam

Penicillins

Aspirin-Like
Analgesic,
Salicylates

Codeine Sulfate

Sulfa
(Sulfonamides)

Valium

Iodine
Containing
Drugs

Other: _____

Current Medications

None

Name	Dose	How taken?
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Pharmacy

Name: _____
Address: _____ Telephone#: _____

Immunizations

None

Flu vaccine	Pneumococcal	HepA	HepB	Other: _____
When: _____	When: _____	When: _____	When: _____	

Diagnostic Studies/Tests

None

Laboratory (Where done?) Radiology (Where Done?) Sleep Study (Where done?) Other: _____
 When: _____ When: _____ When: _____
 Where?: _____ Where?: _____ Where?: _____

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Past or Present Medical Conditions

None

Cancer	CHF	Colon polyps	Defibrillator	Diabetes
When: _____	When: _____	When: _____	When: _____	When: _____
Heart Problems	Hypertension	Liver Disease	Lung Disease	Pancreatitis
When: _____	When: _____	When: _____	When: _____	When: _____
Sleep apnea (confirmed by tests?)	Weight > 300	Hypercholesterolemia	Other: _____	
When: _____	When: _____	When: _____		

Previous Procedures

None

Appendectomy	BRAVO Capsule	C-Section	Capsule Endoscopy	Colon Resection
When: _____	When: _____	When: _____	When: _____	When: _____
Gallbladder Surgery		Colonoscopy	EGD	EUS
When: _____		When: _____	When: _____	When: _____
ERCP	Gastric By-Pass	Heart Valve Replacement	Hernia Repair	Coronary artery bypass
When: _____	When: _____	When: _____	When: _____	When: _____
Joint Surgery/Replacement	Sigmoidoscopy	Hysterectomy	Prostate Surgery	Other: _____
When: _____	When: _____	When: _____	When: _____	
Other: _____				

Social History

Occupation: _____ Number of Children: _____

Marital Status

Single Married Divorced Separated Widowed

Alcohol

None

Type	Quantity	Frequency
Beer	_____	_____
Hard Liquor	_____	_____
Wine	_____	_____

Caffeine

None

Intake: _____

Tobacco

Current every day smoker	Current some day smoker	Former smoker	Never smoker	Smoker, current status unknown
Unknown if ever smoked				

Drug Use

None

Type
Marijuana
Cocaine
Other

Quantity

Frequency

Cocaine

Exercise

None

Type

Quantity

Frequency

Family Medical History

No knowledge of family history

Health Status

Healthy
Ill
Alive
Deceased/At Age

Mother

Father

Sister

Brother

Cause of Death

Family Hx of Cancer

Family Hx of Colon CA

Family Hx of Colon Polyps

Family Hx of Diabetes

Family Hx of Digestive Disorders

Family Hx of Heart Problems

Family Hx of Liver Disease

Family Hx of Pancreatitis

Review Of Systems

Cardiovascular None	Yes No	Endocrine None	Yes No		
chest pain shortness of breath swelling of ankles congestive heart failure defibrillator pacemaker		heat or cold intolerance excessive thirst	Yes No	Integumentary None	Yes No
Constitutional None		Gastrointestinal None	Yes No	rash itching	
recent weight change fatigue fever loss of appetite weight loss	Yes No	poor appetite difficulty swallowing heartburn nausea or vomiting bloating belching regurgitation constipation diarrhea change in bowel habits rectal bleeding black, tarry stools abdominal pain abdominal swelling gas jaundice		Musculoskeletal None	Yes No
ENMT None				joint pain or swelling back pain muscle pain	
blurred vision glaucoma hearing loss ringing in ears mouth sores sore throat				Neurological None	Yes No
				headaches seizures strokes numbness or tingling	
				Psychiatric None	Yes No
				memory loss or confusion depression	
				Respiratory None	Yes No
				chronic cough spitting up blood wheezing asthma sleep apnea (documented & on CPAP)	
		Genitourinary None	Yes No		
		burning with urination blood in urine pregnant			
		Hematologic/Lymphatic None	Yes No		
		bleeding or bruising tendency anemia past transfusion			

Signature

(FORM WILL BE SIGNED DURING YOUR OFFICE VISIT)

Signature

Date