halifax GASTRO
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Patient Interview Form

Patient Information

First Name:_____ Last Name:_____

Date Of Birth:_____ Age:_____

Race

- ☐ White/Caucasian
- ☐ Black or African American
- ☐ Asian
- ☐ Hispanic or Latino
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Mixed
- ☐ Other
- ☐ Unknown
- ☐ Patient declines to provide information

Ethnicity

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Patient declines to provide information

Allergies

- ☐ Patient has no known allergies
- ☐ Patient has no known drug allergies
- ☐ Aspirin
- ☐ Cipro
- ☐ Codeine
- ☐ Demerol
- ☐ Iodine
- ☐ Latex
- ☐ Lidocaine
- ☐ Morphine
- ☐ Penicillins
- ☐ Percocet
- ☐ Propofol
- ☐ Sulfa
- Other:_____

Immunizations

- ☐ None
- ☐ Flu vaccine When:_____
- ☐ Hep A When:_____
- ☐ Hep B When:_____

Past or Present Medical Conditions

- ☐ None
- ☐ Acid Reflux (GERD)
- ☐ Alzheimers
- ☐ Anemia
- ☐ Asthma
- ☐ Atrial Fibrilation
- ☐ Bleeding Ulcers
- ☐ Cancer_____
- ☐ Cirrhosis
- ☐ C.O.P.D.
- ☐ Colitis
- ☐ Colon Polyps
- ☐ Crohn's
- ☐ Dementia
- ☐ Diabetes
- ☐ Diverticulitis
- ☐ Diverticulosis
- ☐ Gallstones
- ☐ Gastric Ulcer
- ☐ Gastritis
- ☐ Glaucoma
- ☐ Heart Attack
- ☐ Hemodialysis
- ☐ Hepatitis ____
- ☐ Hiatal Hernia
- ☐ High blood pressure
- ☐ HIV
- ☐ Irritable Bowel Syndrome
- ☐ Kidney Stones
- ☐ Pancreatitis
- ☐ Pneumonia
- ☐ Seizures
- ☐ Sleep apnea
- ☐ Stroke
- ☐ Transplant Surgery
- ☐ Thyroid Disease
- ☐ Ulcerative Colitis
- Other:_____

Previous Procedures

- ☐ None
- ☐ Appendectomy
- ☐ Back Surgery
- ☐ Breast Surgery
- ☐ Bladder Surgery
- ☐ C-Section
- ☐ Colonoscopy
- ☐ Colon Resection
- ☐ Defibrillator
- ☐ EGD (Upper Endoscopy)
- ☐ Gastric By-Pass
- ☐ Gallbladder
- ☐ Heart By-Pass Surgery
- ☐ Heart Stent
- ☐ Heart Valve Replacement
- ☐ Hemorrhoids
- ☐ Hysterectomy
- ☐ Joint Surgery/ Replacement
- ☐ Kidney
- ☐ Pacemaker
- ☐ Thyroid
- ☐ Transplant Surgery

Other: _____

Family Medical History

☐ No knowledge of family history

No family history of ☐ Colon cancer ☐ Polyps

Health Status	Mother	Father	Sister	Brother	Daughter	Son
Age/Date of Birth						
Diagnoses						
Colon Polyps	○	○	○	○	○	○
Colon Cancer	○	○	○	○	○	○
Crohns Disease	○	○	○	○	○	○
Colitis	○	○	○	○	○	○
Diabetes	○	○	○	○	○	○
Gallbladder Disease	○	○	○	○	○	○
Liver Disease	○	○	○	○	○	○
Other:	○	○	○	○	○	○

Social History

Occupation: _____ Number of Children: _____

Marital Status

☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Alcohol

☐ None

Type Quantity Frequency

_____

Caffeine

☐ None

Intake: _____

Tobacco

Smoking Status

☐ Current every day smoker ☐ Current some day smoker ☐ Former smoker ☐ Never smoker

☐ Smoker, current status unknown ☐ Unknown if ever smoked

Drug Use

☐ None

☐ I use illicit drugs ☐ I quit using illicit drugs ☐ I have never used illicit drugs ☐ Injection Drug Use