



# LeBauer Gastroenterology

**NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**AGE:** \_\_\_\_\_

**Who requested that you see us?** \_\_\_\_\_ **Self referred?** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Previous Gastroenterologists?** (names and approximate dates) \_\_\_\_\_

**What is/are the problems(s) you are here to discuss?** \_\_\_\_\_

**Have you been screened for colon cancer?** If so, how and when were you screened? \_\_\_\_\_

**Primary Care Provider:** \_\_\_\_\_

**CIRCLE ANY PROBLEMS YOU ARE HAVING** (or have had in the past):

- abdominal pain
- acid reflux/heartburn
- belching
- bloating/flatulence (gas)
- chest pain
- trouble swallowing
- loss of appetite
- nausea or vomiting
- vomiting blood
- weight change (up or down?)
- anal discomfort
- black, tarry stools
- change in bowel habits
- constipation
- diarrhea
- diverticulosis
- fecal incontinence
- heme + stools
- hemorrhoids
- irritable bowel syndrome
- jaundice
- liver problems
- rectal bleeding

**CIRCLE ANY TESTS YOU HAVE HAD:**

- blood tests
- stool tests
- radiology tests
- upper endoscopy
- sigmoidoscopy
- colonoscopy
- "pill camera" of small intestine

**FAMILY HISTORY:** circle any that apply

- cancer (breast, esophagus, liver, ovarian, pancreatic, prostate, stomach, uterine)
- colon cancer
- colon polyps
- celiac sprue (Gluten sensitivity)
- blood clotting disorder
- crohn's or ulcerative colitis
- cystic fibrosis
- diabetes
- heart disease
- liver disease
- irritable bowel syndrome
- kidney disease

**SOCIAL HISTORY:** circle or fill in the blank

- married, single, divorced, separated, or widowed?
- children? Yes or No Number of: boys \_\_\_\_\_ girls \_\_\_\_\_
- occupation? \_\_\_\_\_
- smoker? current \_\_\_\_\_ past \_\_\_\_\_ never \_\_\_\_\_
- AVERAGE NUMBER of alcohol drinks per day? \_\_\_\_\_
- AVERAGE NUMBER of caffeinated drinks per day? \_\_\_\_\_
- illicit drugs? Yes or no
- smokeless tobacco? Yes or no



**NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

**YOUR MEDICAL HISTORY:** circle and state when, how long

- |                          |                                  |                          |
|--------------------------|----------------------------------|--------------------------|
| alcoholism               | COPD                             | elevated cholesterol     |
| anal fissure             | coronary artery disease          | high blood pressure      |
| anemia                   | crohn's disease                  | thyroid disease          |
| anxiety                  | depression                       | interstitial cystitis    |
| heart arrhythmia         | diabetes                         | irritable bowel syndrome |
| arthritis                | diverticulosis (diverticulitis?) | kidney stones            |
| asthma                   | blood clots                      | obesity                  |
| atrial fibrillation      | esophageal narrowing             | pancreatitis             |
| barrett's esophagus      | fibromyalgia                     | ulcers in GI tract       |
| cancer (type?)           | gallstones                       | pneumonia                |
| chronic headaches        | GERD                             | seizures                 |
| chronic kidney disease   | bleeding from GI tract           | sleep apnea              |
| chronic liver disease    | glaucoma                         | bowel obstruction        |
| infectious colitis       | hepatitis A, B, C                | stroke                   |
| colon polyps             | other hepatitis                  | ulcerative colitis       |
| congestive heart failure | HIV                              | urinary tract infection  |

**YOUR SURGICAL HISTORY:** circle and state approximate date

- |                     |                   |                     |
|---------------------|-------------------|---------------------|
| appendectomy        | defibrillator     | small bowel surgery |
| heart valve surgery | bariatric surgery | hysterectomy        |
| heart bypass        | hernia            | anti-GERD surgery   |
| angioplasty/stent   | liver surgery     | ulcer surgery       |
| gallbladder removal | colon surgery     | pancreas surgery    |

**OTHER IMPORTANT MEDICAL OR SURGICAL HISTORY?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NON-GASTROINTESTINAL REVIEW OF SYMPTOMS:** circle any **significant** symptoms in the past 6 months

- |                        |                      |                           |
|------------------------|----------------------|---------------------------|
| allergy, sinus trouble | fever                | skin rash                 |
| anxiety                | headaches            | sleeping problems         |
| arthritis              | hearing problems     | sore throat               |
| back pain              | heart murmur         | swelling of feet/legs     |
| blood in urine         | heart rhythm changes | swollen lymph glands      |
| breast changes         | itching              | excessive thirst          |
| vision changes         | menstrual pain       | excessive urination       |
| confusion              | muscle pains, cramps | urination pain, frequency |
| cough                  | night sweats         | urine leakage             |
| coughing up blood      | nosebleeds           | voice changes             |
| depression             | could be pregnant?   |                           |
| fatigue                | shortness of breath  |                           |