



Baylor Scott & White

DIGESTIVE DISEASES

FRISCO

A member of HealthTexas Provider Network

New Patient Health History Questionnaire

This form is for you to answer before you are examined by the physician.

Name: _____ Date: _____

DOB: _____ Age: _____ Marital Status: _____ Occupation: _____

1. What is the reason for your visit?

2. Who referred you? _____

3. Have you ever seen a gastroenterologist before? _____

If so, who did you see and when? _____

4. If applicable, why are you changing GI physicians? _____

5. Have you ever had a:

Date(s)

Findings

Upper GI endoscopy _____

Colonoscopy _____

Upper GI series _____

CT scan _____

MRI _____

Ultrasound _____

6. Have you been seen in the Emergency Department for your current problem? _____

If so, where? _____

7. Have you had any labs recently? _____ If so, where? _____

Please complete the back of this form.

8. Please list any previous hospital visits:

9. Please list your medications (even the ones you should be taking but are not. ☺):

10. Please list any medication or food allergies:

11: Do you smoke: YES NO (CIRCLE ONE)

12: Do consume alcoholic beverages? YES NO (CIRCLE ONE)

If so, how much _____ How often? _____

13: Please list any family history and in whom these illnesses occurred.

COLON CANCER _____

LIVER DISEASE

CROHN'S DISEASE _____

ULCERATIVE COLITIS _____

CELIAC DISEASE _____

PANCREATITIS

GASTRIC CANCER _____

PANCREATIC CANCER _____

OTHER GI ILLNESSES _____

Thank you for completing this form. This will help us take better care of you!