



SUNCOAST

INTERNAL MEDICINE CONSULTANTS
A MULTI-SPECIALTY CLINIC

New GI Patient History

Name _____ Date _____

Reason for Today's Visit _____

Current Other Physicians _____

Drug Allergies: _____

Current Medications:	Name	Dosage	How Often Taken?

Pharmacy Name, Address and Phone Number: _____

Immunizations: Circle and Date Received:

Hepatitis A _____ Hepatitis B _____ Influenza _____ Varicella/VZN: _____

Review of Systems:

Please indicate items you are CURRENTLY experiencing or "None" if no symptoms exist:

Gastrointestinal None

- Abdominal pain
- Anorectal pain/itching
- Black, tarry stools
- Bloating/gas
- Blood in stool
- Change in bowel habits
- Constipation
- Diarrhea
- Incontinence of stool
- Heartburn/reflux
- Difficulty swallowing
- Nausea
- Vomiting

Genitourinary None

- Blood in urine
- Dark urine
- Enlarged prostate
- Frequent urinary infections
- Heavy menstruation
- Pain/burning with urination
- Pregnancy
- Sexually transmitted disease
- Urinary incontinence
- Frequent urination

Integumentary/Skin None

- Itching
- Jaundice
- Rashes
- Suspicious lesions

Cardiovascular None

- Heart murmur
- Irregular heart beat
- Hand/ankle swelling
- Rapid heart rate/palpitations
- Chest pain

Neurological None

- Frequent headaches
- Memory loss/confusion
- Numbness or tingling

Endocrine None

- Cold intolerance
- Excessive thirst
- Heat intolerance

Constitutional None

- Chills
- Fatigue
- Fever
- Loss of appetite
- Night sweats
- Weight gain
- Weight loss

Psychiatric None

- Anxiety
- Bipolar disorder
- Depression

Ear/Nose/Mouth/Throat None

- Double vision
- Eye irritation
- Eye pain
- Eye redness
- Sore throat
- Hoarseness
- Mouth sores
- Nose bleeds
- Post-nasal drip
- Recurrent sinus infections

Hematologic/Lymphatic None

- Anemia
- Blood transfusions
- Easy bruising
- Prolonged bleeding

Musculoskeletal None

- Back pain
- Joint pain

Respiratory None

- Frequent cough
- Shortness of breath
- Snoring
- Sleep apnea
- Wheezing

Allergic/Immunologic None

- Allergies
- HIV exposure
- Immune deficiency

Reviewed with: Patient Parent Guardian Not present/telephone

Signature: _____

Date: _____