Etowah Gastroenterology Associates

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Vipul Amin, M.D.

Name: ______________________________ **D.O.B.** ____________________

FAMILY HISTORY

Family History Unknown ☐ Adopted ☐

Have any of your blood relatives had COLON CANCER OR COLON POLYPS?

COLON CANCER

YES	NO	
☐	☐	Mother
☐	☐	Father
☐	☐	Sister
☐	☐	Brother
☐	☐	Daughter
☐	☐	Son
☐	☐	Other

COLON POLYPS

YES	NO	
☐	☐	Mother
☐	☐	Father
☐	☐	Sister
☐	☐	Brother
☐	☐	Daughter
☐	☐	Son
☐	☐	Other

OTHER FAMILY HISTORY:

Fill in the box if a relative (parent, grandparent, sibling, children, aunt or uncle) has had any of the following, mark "NONE" if none apply.

☐ Celiac Disease
☐ Diabetes
☐ Uterine Cancer
☐ Ovarian Cancer
☐ Other Cancer
☐ Breast Cancer
☐ Stomach Cancer
☐ Liver Cancer
☐ Crohn's Disease
☐ NONE
☐ Pancreatitis
☐ Bleeding Disorder
☐ Hemochromatosis
☐ Ulcerative Colitis

SOCIAL HISTORY:

- Have you ever had a blood transfusion? Yes ☐ Year: __________ No ☐
- Do you smoke? Yes ☐ No ☐
  - approximate amount per day: ____________________
- Do you use other tobacco products? Yes ☐ No ☐
- Do you drink alcohol: Yes ☐ No ☐
  - approximate amount per day: ____________________
- Have you ever used any intravenous drugs? Yes ☐ No ☐
- Have you ever had any tattoos/body piercings? Yes ☐ No ☐
- Have you traveled outside of the US in the past year? Yes ☐ No ☐ If so, where? ____________________
- FOR FEMALE PATIENTS:
  - Are you currently pregnant? Yes ☐ No ☐
  - Last menstrual period date: ____________________