Etowah Gastroenterology Associates

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MEDICAL HISTORY

Name: _____Date of Birth _____ Age __ Date_____

PRESENT MEDICATIONS:

List all prescription and nonprescription medications you are currently taking

_____
_____
_____
_____
_____
_____

DRUG ALLERGIES:

List any allergy or previous drug reactions

_____
_____
_____

ALLERGIES

☐ Anaphylactic or Other Reaction to Anesthesia
☐ Contrast or Iodine Allergy
☐ Latex Rubber Allergy

MARK ALL CONDITIONS THAT YOU HAVE HAD

GASTROINTESTINAL CONDITIONS

☐ Celiac Disease or Sprue
☐ Irritable Bowel Syndrome
☐ Stomach Ulcer or Duodenal Ulcer
☐ Barrett's Esophagus
☐ Other: _____
☐ Hiatal Hernia
☐ Acid Reflux / GERD
☐ Cirrhosis
☐ Esophageal Stricture or Narrowing
☐ Colon Polyps
☐ Diverticulitis
☐ Diverticulosis
☐ NONE

NON- GASTROINTESTINAL CONDITIONS

☐ Congestive Heart Failure
☐ Abnormal Heartbeat / Palpitations
☐ Diabetes
☐ Blood Clots
☐ High Blood Pressure
☐ Thyroid Disease
☐ Asthma
☐ Sleep Apnea
☐ Heart Disease / Heart Attack
☐ Bleeding Disorder
☐ High Cholesterol
☐ NONE
☐ Lupus
☐ Seizure Disorder
☐ Stroke
☐ Arthritis
☐ Emphysema or COPD
☐ Other: _____

CANCER HISTORY

☐ Esophageal
☐ Stomach
☐ Uterine
☐ NONE
☐ Ovarian
☐ Colon or Rectal
☐ Pancreatic
☐ Other: _____
☐ Liver
☐ Prostate
☐ Breast

SURGERIES

☐ Pacemaker Placement
☐ Appendectomy
☐ Heart Valve Replacement
☐ Gastric Bypass / Lap Band
☐ Hysterectomy
☐ Coronary Bypass (Open Heart)
☐ Gallbladder Removal
☐ Back Surgery
☐ Stomach Ulcer
☐ Colon Resection
☐ Cardiac Stent
☐ NO SURGERIES

Other surgery not listed: