Etowah Gastroenterology Associates

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Vipul Amin, M.D.

Name: _____ Date of Birth: _____ Age_____
Referring Physician: _____
CHIEF COMPLAINT (*describe in your own words the main reason you are seeing the doctor today)*: _____

MARK ALL SYSTEMS OR CONDITIONS THAT YOU CURRENTLY HAVE

GASTROINTESTINAL

- ☐ Nausea
- ☐ Belching
- ☐ Abdominal Pain
- ☐ Get Full Quickly at Meals
- ☐ Vomiting
- ☐ Blood in Stool
- ☐ Abdominal Swelling
- ☐ Diarrhea
- ☐ Black Stool
- ☐ Painful Swallowing
- ☐ Change in Bowel Habits
- ☐ Constipation
- ☐ Gas / Flatulence
- ☐ Vomiting Blood
- ☐ Food / Milk Intolerance
- ☐ Bloating
- ☐ Laxative Use
- ☐ Difficulty Swallowing
- ☐ Pain with Bowel Movement
- ☐ Heartburn

☐ NONE

Have you had any of these procedures?

- Colonoscopy: ☐ Yes Year: _____ / Physician: _____ ☐ No
- Upper Endoscopy: ☐Yes Year: _____ / Physician: _____ ☐ No
- CT scan of abdomen (past 6 months): ☐ Yes ☐ No
- Ultrasound of abdomen (past 6 months): ☐ Yes ☐ NO

GENERAL
- ☐ Lack of Appetite
- ☐ Tiredness
- ☐ Night Sweats
- ☐ Fever
- ☐ Weight loss (over 10lbs)
- ☐ NONE

HEENT
- ☐ Wear glasses
- ☐ Wear contacts
- ☐ Hoarseness
- ☐ Decreased Hearing
- ☐ Headache
- ☐ NONE

GENITOURINARY
- ☐ Change in urinary stream
- ☐ Blood in urine
- ☐ Difficulty urine
- ☐ Pelvic pain
- ☐ NONE

DERMATOLOGY/SKIN
- ☐ Rashes
- ☐ Itching
- ☐ NONE

MUSCULOSKELETAL
- ☐ Physical Disability
- ☐ Joint stiffness
- ☐ Back pain
- ☐ NONE

CARDIOVASCULAR
- ☐ Fainting/Blacking out
- ☐ Swelling of Hands or Feet
- ☐ Chest pain
- ☐ Leg cramping
- ☐ Irregular heartbeats
- ☐ NONE

NEUROLOGICAL
- ☐ Dizziness
- ☐ Fainting
- ☐ Loss of Consciousness
- ☐ Weakness in Extremities
- ☐ Seizure
- ☐ Difficult Speech
- ☐ NONE

ENDOCRINOLOGY
- ☐ Cold Intolerance
- ☐ Excessive thirst
- ☐ Heat intolerance
- ☐ Change of appetite
- ☐ Frequent Urination
- ☐ NONE

RESPIRATORY
- ☐ Chronic Cough
- ☐ Difficulty Breathing
- ☐ Wheezing
- ☐ NONE

BREAST
- ☐ Breast Pain
- ☐ Breast Mass
- ☐ NONE

PYSHIATRIC
- ☐ Suicidal Thoughts
- ☐ Anxiety
- ☐ Depression

OB/GYN
- ☐ Menstrual abnormality

Are you currently pregnant?
Yes☐ No☐
Last menstrual period
date: _____