

# Gastroenterology

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Diplomates American Board of Internal Medicine & Gastroenterology

### Patient Interview Form

#### Patient Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
MRN: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_  
Age: \_\_\_\_\_ Notes: \_\_\_\_\_

#### Email

Please check one as your preferred email for communications

Personal: \_\_\_\_\_  Work: \_\_\_\_\_

#### Race

Select one or more

White  Black or African American  Asian  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  
 Other Race  Unknown  Patient declines to specify  Prohibited by state law

#### Ethnicity

Hispanic or Latino  Not Hispanic or Latino  Patient declines to specify  Prohibited by state law  Unknown

#### Sex

Male  Female  Other

#### Preferred Language

English  Spanish; Castilian  Patient declines to specify

#### Contact Preference

Letter  Telephone call  E-Mail  Portal Message  Patient declines to specify

Other: \_\_\_\_\_

#### Social History

Occupation: \_\_\_\_\_ Number of Children: \_\_\_\_\_

#### Marital Status

Single  Married  Divorced  Separated  Widowed  
 Civil Union  Unknown  Other

**Alcohol**

None

Type  
Rarely

Daily

More than 2 days per week

Less than 2 days per week

I quit consuming alcohol

Quantity

Number

Frequency


**Tobacco**

**Smoking Status**

Current every day smoker

Current some day smoker

Former smoker

Never smoker

Smoker, current status unknown

Light tobacco smoker

Heavy tobacco smoker

Unknown if ever smoked

Type  
Chewing Tobacco

Started

Quit

Quantity

Frequency

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**Drug Use**

None

Uses illicit drugs     I quit using illicit drugs

**Allergies**

Patient has no known allergies

Patient has no known drug allergies

iodine

Latex

Penicillins

Propofol

Tape

Sulfa

Egg

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

**Immunizations**

None

Hep A, adult

Hep B, adult

PPD

Pneumococcal

When: \_\_\_\_\_

When: \_\_\_\_\_

When: \_\_\_\_\_

When: \_\_\_\_\_

**Diagnostic Studies/Tests**

None

Abdominal U/S

CT Abdomen

MRI abdomen

Labs

When: \_\_\_\_\_

When: \_\_\_\_\_

When: \_\_\_\_\_

When: \_\_\_\_\_

**Past or Present Medical Conditions**

None

Anemia

Asthma

Atrial Fibrillation

Personal Hx of Cancer

COPD

When: \_\_\_\_\_

When: \_\_\_\_\_

When: \_\_\_\_\_

When: \_\_\_\_\_

When: \_\_\_\_\_

Cirrhosis

Colitis

Colon Cancer

Colon Polyps

Crohns Disease

When: \_\_\_\_\_

When: \_\_\_\_\_

When: \_\_\_\_\_

When: \_\_\_\_\_

When: \_\_\_\_\_

Depression

Diabetes T-1

Diabetes T- 2

Diverticulitis

Gallstones

When: \_\_\_\_\_

When: \_\_\_\_\_

When: \_\_\_\_\_

When: \_\_\_\_\_

When: \_\_\_\_\_



