



# Baylor Scott & White

## DIGESTIVE DISEASES & MEDICAL WEIGHT LOSS

*A member of HealthTexas Provider Network*

### New Patient Health History Questionnaire

*This form is for you to answer before you are examined by the physician.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_

1. What is the reason for your visit?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Who referred you? \_\_\_\_\_

3. Have you ever seen a gastroenterologist before? \_\_\_\_\_

If so, who did you see and when? \_\_\_\_\_

4. If applicable, why are you changing GI physicians? \_\_\_\_\_

5. Have you ever had a:

Date (s)

Findings

Upper GI endoscopy \_\_\_\_\_

Colonoscopy \_\_\_\_\_

Upper GI series \_\_\_\_\_

CT scan \_\_\_\_\_

MRI \_\_\_\_\_

Ultrasound \_\_\_\_\_

6. Have you been seen in the Emergency Department for your current problem? \_\_\_\_\_

If so, where? \_\_\_\_\_

7. Have you had any labs recently? \_\_\_\_\_ If so, where? \_\_\_\_\_

**Please complete the back of this form.**

8. Please list any previous hospital visits:

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9. Please list your medications (even the ones you should be taking but are not.☺):

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10. Please list any medication or food allergies:

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11: Do you smoke:      YES                      NO      (CIRCLE ONE)

12: Do consume alcoholic beverages?      YES                      NO      (CIRCLE ONE)

If so, how much \_\_\_\_\_ How often? \_\_\_\_\_

13: Please list any family history and in whom these illnesses occurred.

COLON CANCER      \_\_\_\_\_

LIVER DISEASE      \_\_\_\_\_

CROHN'S DISEASE      \_\_\_\_\_

ULCERATIVE COLITIS      \_\_\_\_\_

CELIAC DISEASE      \_\_\_\_\_

PANCREATITIS      \_\_\_\_\_

GASTRIC CANCER      \_\_\_\_\_

PANCREATIC CANCER      \_\_\_\_\_

OTHER GI ILLNESSES      \_\_\_\_\_

**Thank you for completing this form.      This will help us take better care of you!**