The Colon, Stomach and Liver Center

Medical History

Medication Lists and Additional Documentation Related to Your Visit is Appreciated

First Name	Last Name	Date of Birth

Drug Allergies: _____

GI History	Yes	No
Anemia		
Colitis		
Crohn's Disease		
Chronic Diarrhea		
Gastritis		
GERD		
Hemorrhoids		
Hepatitis		
Hiatal Hernia		
H. Pylori		
Liver Disease		
Colon Polyps		
Ulcers		

Past Endoscopic Procedures	Yes	No
Colonoscopy		
Upper Endoscopy		
Sigmoidoscopy		
ERCP		

Additional Medical History	Yes	No
Anxiety		
Asthma		
Cardiovascular Disease		
Depression		
Diabetes		
Heart Problems		
High Cholesterol		
Kidney Disease		
Pancreatitis		
Sleep Apnea		
Stroke		

Social History	Yes	No
Smoker		
Alcohol Consumption		

Family History of Colon Cancer	Yes	No

Additional Medical History

Medications	Dosage

Pharmacy Information		
Name	City/Road	State

Reason for Visit