

**Raleigh/Cary Medical Group GI – Wake Endoscopy Center  
Patient History and Physical Form**

Date \_\_\_\_\_ Chart No: \_\_\_\_\_ *Please complete both sides*

Name \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

GI Physician \_\_\_\_\_ Referred by \_\_\_\_\_

Present Problem \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ BMI: \_\_\_\_\_ Pregnant Yes / No

Preferred Language: \_\_\_\_\_ Translator needed: \_\_\_\_\_

Email address: \_\_\_\_\_ Preferred method of contact \_\_\_\_\_

*\*New Items*

**Personal Health History**

___ Diabetes	___ COPD	___ Seizures
___ Stroke ___ Emphysema	___ Last Seizure*	___ Seizure Stimulator*
___ Cardiac Stents ___ yrs.	___ Asthma	___ Parkinson's
___ Heart Failure	___ Inhalers Y/N	___ Muscular Dystrophy
___ Heart Attack	___ Sleep Apnea CPAP Y/N	___ Alzheimer's
___ Heart Bypass x ___	___ Home Oxygen	___ Migraines
___ Pacemaker	___ High Blood Pressure	___ Depression
___ Defibrillator	___ Reflux	___ Anxiety
___ Heart Catherization	___ Bleeding Disorder	___ Kidney Disease
___ Irregular Heart Beat	___ Ulcers	___ Dialysis
___ Angina	___ Liver Disease*	___ Crohn's Disease
___ Blocked Arteries	___ Hepatitis A/B/C	___ Colitis
___ Heart Valve Replaced	___ Cirrhosis/encephalopathy*	___ Joint Replacement
___ Other _____	Ascites (Fluid in Abd.) *	

Past complications with sedation: No / Yes List Complications: \_\_\_\_\_

Fear of Needles: No / Yes Difficulty obtaining IVs No / Yes

Do you currently smoke: No / Yes # packs/day \_\_\_\_\_ Former Smoker: No / Yes

Recreational Drugs: No / Yes \_\_\_\_\_ Drink alcohol: No / Yes Socially \_\_\_\_\_ Amount \_\_\_\_\_

Immunizations: Flu vaccine No / Yes \_\_\_\_\_ Pneumonia vaccine No / Yes \_\_\_\_\_

Surgeries \_\_\_\_\_

Disabilities/Immobility \_\_\_\_\_

Colonoscopy No / Yes \_\_\_\_\_ date; EGD No / Yes \_\_\_\_\_ date; Mammogram No / Yes \_\_\_\_\_ date

History of polyps: Self: No / Yes \_\_\_ age; \_\_\_ Family No/ Yes \_\_\_\_\_ Relationship \_\_\_\_\_ age

**Personal or family history of: (list self or relationship of family member and age)**

Colorectal Cancer \_\_\_\_\_ Stomach/Esophageal Cancer \_\_\_\_\_  
Breast Cancer \_\_\_\_\_ Kidney/Ureter Cancer \_\_\_\_\_  
Endometrial/Uterine/Ovarian \_\_\_\_\_ Pancreatic/Biliary Cancer \_\_\_\_\_  
Small Bowel Cancer \_\_\_\_\_ Brain/Sebaceous Adenomas \_\_\_\_\_

**Patient:** \_\_\_\_\_

**Chart:** \_\_\_\_\_

Latex allergy: No / Yes Reaction \_\_\_\_\_

Allergy to eggs or soy beans: No / Yes Reaction \_\_\_\_\_

**Allergies:** Drug: \_\_\_\_\_ Reaction \_\_\_\_\_  
Drug: \_\_\_\_\_ Reaction \_\_\_\_\_  
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**Present Medications: (List over the counter and Herbal Meds also)**

**CURRENT PHARMACY** \_\_\_\_\_

**Drug:** \_\_\_\_\_ **Dose:** \_\_\_\_\_  
**Drug:** \_\_\_\_\_ **Dose:** \_\_\_\_\_  
**Drug:** \_\_\_\_\_ **Dose:** \_\_\_\_\_  
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**Drug:** \_\_\_\_\_ **Dose:** \_\_\_\_\_

**Hx/Medications Reviewed by Endo Nurse:** \_\_\_\_\_

**Date:** \_\_\_\_\_