HAWAII GASTROENTEROLOGY SPECIALISTS

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Patient Interview Form

Patient Information

First Name:________________________ Last Name:________________________

Date Of Birth:________________________ Age:________________________

Contact Preference

- Email
- Cell phone
- Telephone call-Work
- Telephone call - Home
- Patient Portal
- Patient declines to specify

Other:______________

Email
Please check one as your preferred email for communications

- Personal:________________________
- Work:________________________

Preferred Language

- Chinese
- English
- Japanese
- Korean
- Samoan
- Spanish; Castilian
- Tagalog
- Tonga (Tonga Islands)
- Vietnamese
- Patient declines to specify

Race
Select one or more

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Unknown
- Patient declines to specify

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino
- Patient declines to specify

Sex

- Male
- Female
- Other

Consent to Share Data

I consent to having my medical and demographic information shared with other health care entities.

- Yes
- No

Reminder Preference

I would like to receive preventive care and follow up care reminders.

- Yes
- No

Social History

Occupation:________________________ Number of Children:________________________

Marital Status

- ⬭ Single
- ⬭ Married
- ⬭ Divorced
- ⬭ Separated
- ⬭ Widowed
- ⬭ Civil Union
- ⬭ Unknown
- ⬭ Other

Alcohol

- ⬭ None

Type	Quantity	Frequency
⬭ Rarely		Times / year
⬭ Occasionally		Times / month
⬭ Moderately		Times / week
⬭ Daily		Times / day

Caffeine

- ⬭ None
- ⬭ Daily
- ⬭ Occasionally

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

Drug Use

- ⬭ None

Type	Quantity	Frequency
⬭ Recreational		Times / month
⬭ IV or intranasal drugs		Times / month

Exercise

- ⬭ None

Type	Frequency
⬭ Occasional	Times / month
⬭ Regular	Times / week

Diagnostic Studies/Tests

- None

- EGD When:
- Colonoscopy When:
- Flexible Sigmoidoscopy When:
- ERCP When:
- EUS When:
- Abdominal Ultrasound When:
- CT Abdomen/Pelvis When:
- MRI Abdomen/Pelvis When:
- Mammogram When:

Previous Procedures

- None

- Abdominal aortic aneurysm (AAA) repair When:
- Appendectomy When:
- Back Surgery When:
- Bariatric Surgery When:
- Bilateral Tubal Ligation (BTL) When:
- Breast Surgery When:
- Cardiac Cath - with stent placement When:
- Cholecystectomy When:
- Colon resection/ Colectomy When:
- Coronary Artery Bypass Graft (CABG) When:
- D & C When:
- Defibrillator Placement When:
- Exploratory Laparoscopy When:
- Fundoplication - Nissen (Acid Reflux) When:
- Heart valve replacement When:
- Hemorrhoid banding When:
- Hemorrhoidectomy When:
- Hysterectomy When:
- Joint Replacement When:
- Pacemaker Insertion When:
- PEG tube placement When:
- Small Bowel Resection - Segmental When:
- Whipple Procedure (Pancreatico-duodenectomy) When:
- Other:

Past or Present Medical Conditions

- None

Cardiology

- Angina When:
- Anticoagulation Therapy When:
- Arrhythmia When:
- Atrial Fibrillation When:
- Brain Aneurysm When:
- Congestive Heart Failure When:
- Coronary Artery Stents When:
- Coronary Artery Disease When:
- Defibrillator When:
- Heart Attack When:
- Heart Murmurs When:
- Hyperlipidemia When:
- Hypertension When:
- Mitral Valve Prolapse/MR When:
- Myocardial infarction When:
- Pacemaker When:
- Palpitations When:
- Stroke When:
- Transient Ischemic Attack When:
- Vascular Disease When:
- HIV infection When:
- Other:

Gastroenterology

- Barrett's Esophagus When:
- Celiac Disease When:
- Colon cancer When:
- Colon polyp When:
- Crohn's Disease When:
- Diverticulitis When:
- Diverticulosis When:
- Gastroesophageal Reflux Disease (GERD) When:
- Gastric Ulcer When:
- Gastritis When:
- H. Pylori Infection When:
- Hemorrhoids When:

- Irritable Bowel Syndrome — When:______________
- Iron Deficiency Anemia — When:______________
- Ulcer Disease — When:______________
- Ulcerative Colitis — When:______________

Hepatology

- Cirrhosis — When:______________
- Elevated Liver Function Test — When:______________
- Fatty Liver — When:______________
- Gallstones — When:______________
- Hepatitis A — When:______________
- Hepatitis B — When:______________
- Hepatitis C — When:______________
- Pancreatitis — When:______________

Other:______________

Pulmonology

- Asthma — When:______________
- Blood Clots — When:______________
- C.O.P.D. — When:______________
- Emphysema — When:______________
- Sleep apnea — When:______________
- Wheezing — When:______________

Other:______________

Other

- Anxiety disorder — When:______________
- Arthritis — When:______________
- Bipolar disorder — When:______________
- Breast cancer — When:______________
- Body piercings — When:______________
- Cataracts — When:______________
- Carpal Tunnel Syndrome — When:______________
- Current pregnancy — When:______________
- Depression — When:______________
- Diabetes Mellitus, Insulin Dependent (Type 1) — When:______________
- Diabetes Mellitus, Non-Insulin Dependent (Type 2) — When:______________
- Fibrositis / Fibromyalgia — When:______________
- Gout — When:______________
- Hematuria — When:______________
- Hypothyroidism — When:______________
- Kidney disease — When:______________
- Kidney stones — When:______________
- Lung cancer — When:______________
- Migraines — When:______________
- Obesity — When:______________
- Osteoporosis — When:______________
- Prostate Cancer — When:______________
- Psoriasis — When:______________
- Renal Failure — When:______________
- Seizures — When:______________
- Skin Cancer — When:______________
- Tattoos — When:______________
- Other cancers: — When:______________

Other:______________

Family Medical History

☐ No knowledge of family history

No family history of

☐ Anesthesia reactions
☐ Colon cancer
☐ Crohn's disease
☐ Stomach cancer
☐ Celiac sprue
☐ Colon polyps
☐ Liver disease
☐ Ulcerative Colitis / IBD

Diagnoses	Mother	Father	Sister	Brother	Maternal Grandmother	Paternal Grandmother	Maternal Grandfather	Paternal Grandfather
Anesthesia reactions	○	○	○	○	○	○	○	○
Celiac disease	○	○	○	○	○	○	○	○
Colon cancer	○	○	○	○	○	○	○	○
Colon polyps	○	○	○	○	○	○	○	○
Crohn's disease	○	○	○	○	○	○	○	○
Gallbladder disease	○	○	○	○	○	○	○	○
Liver disease	○	○	○	○	○	○	○	○
Stomach cancer	○	○	○	○	○	○	○	○
Ulcerative colitis	○	○	○	○	○	○	○	○
Other:	○	○	○	○	○	○	○	○

Current Medications

- [ ] None

Name | Dose | How taken?

Allergies

- [ ] Patient has no known allergies
- [ ] Patient has no known drug allergies
- [ ] Adhesive Tape
- [ ] Codeine Sulfate
- [ ] Erythromycin
- [ ] Penicillins
- [ ] Propofol Analogues
- [ ] IV Dye, Iodine And Iodide Containing Products
- [ ] Latex
- [ ] Soy
- [ ] Eggs
- [ ] Shellfish

Other:______________

Immunizations

- [ ] None
- [ ] Flu vaccine When:______________
- [ ] Pneumovax When:______________
- [ ] Hep A When:______________
- [ ] Hep B When:______________

Other:______________

Pharmacy

Name | Address | Phone

Consent to Import Medication History

I consent to obtaining a history of my medications purchased at pharmacies.

- [ ] Yes
- [ ] No

Reviewed with

- [ ] Patient
- [ ] Parent
- [ ] Guardian
- [ ] Not Present

Signature

Signature | Date

Review Of Systems

Allergic/Immunologic

None	Y	N
HIV exposure		
persistent infections		
strong allergic reactions or urticaria		

Cardiovascular

None	Y	N
chest pain		
dyspnea with exercise		
irregular heart beat		
orthopnea		
palpitations		
peripheral edema		
syncope		

Constitutional

None	Y	N
fatigue		
fever		
loss of appetite		
malaise		
sweats		
weight gain		
weight loss		

ENMT

None	Y	N
difficulty swallowing		
dizziness		
ear pain		
nasal obstruction		
nose bleeds		
sore throat		
hearing loss		

Endocrine

None	Y	N
excessive thirst		
hair loss		
heat intolerance		

Eyes

None	Y	N
double vision		
loss of vision		
photophobia		

Gastrointestinal

None	Y	N
abdominal pain		
abdominal swelling		
change in bowel habits		
constipation		
diarrhea		
gas		
heartburn		
jaundice		
nausea		
rectal bleeding		
stomach cramps		
vomiting		
difficulty swallowing		

Genitourinary

None	Y	N
dark urine		
decrease in urine flow		
dysuria		
frequent urinary infections		
frequent urination		
hematuria		
impotence		
nocturia		
urethral discharge or incontinence		

Hematologic/Lymphatic

None	Y	N
bleeding gums or palpable lymph nodes		
easy bruising		
prolonged bleeding		

Integumentary

None	Y	N
allergies		
dryness		
hives		
itching		
jaundice		
lesions		
rashes		

Musculoskeletal

None	Y	N
arthritis		
back pain		
gout		
joint deformity		
joint pain		
muscle weakness		
stiffness		

Neurological

None	Y	N
dizziness		
fainting		
frequent headaches		
migraine		
numbness or tingling		
seizures		
tremors		
vertigo		
memory loss		

Psychiatric

None	Y	N
anxiety		
depression		
difficulty sleeping		
hallucinations		
nervousness		
panic attacks		
paranoia		

Respiratory

None	Y	N
asthma		
cough		
dyspnea		
excessive sputum		
coughing up blood		
shortness of breath with exercise		
wheezing		