MANHATTAN GASTROENTEROLOGY

983 Park Avenue
New York, NY 10028

P : 212-427-8761
F : 212-427-8762
manhattangastronterology.com

Name: _____ **Date:** _____

How did you hear of us: □ Referring Doctor □ Zoc Doc □ Yelp □ Internet Other:_____

Referring Physician/ Whom referred you: _____

In case of emergency, please notify: _____**Relation:**_____**PH #:** _____

Please explain briefly why you are here today:

_____

_____

_____

CURRENT MEDICATION: (including over the counter, prescription, birth control pills):

Name	Dose	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pharmacy name and PH#: _____

MEDICAL HISTORY: Please list any medical problems/history

□ None

1._____ 2._____

3._____ 4._____

Gastrointestinal History: Please check all that apply

□ Anemia	□ Heart Problems	□ Liver Disease/Hepatitis	□ Irritable Bowel
□ Anxiety/ Depression	□ High Blood Pressure	□ Abdominal Pain	□ Polyps
□ HIV/AIDS	□ Seizures	□ Pancreatitis	□ Rectal Bleeding
□ Blood Clots	□ Kidney Problem	□ Crohn's/Ulcerative	□ Trouble Swallowing
□ Cancer	□Liver Problem	□ Diarrhea	
□ Diabetes	□ Lung Problem	□ Heartburn	

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ALLERGIES:

□ None
1._____ 2._____ 3._____ 4._____

SURGICAL HISTORY/ HOSPITALIZATION: Please list all past surgeries and/or recent hospitalization

□ None
1._____ 2._____
3._____ 4._____

FAMILY HISTORY:

Any family history of Gastrointestinal Cancer? (Colon, Stomach, Esophageal, etc.): □ Yes □ No

If yes, who and at what age? _____

Any family history of Crohn's Disease, Ulcerative Colitis, or Celiac Disease? □ Yes **(Please Specify)** _____ □ No

SOCIAL HISTORY:

Occupation:_____ **Employer:**_____

Marital Status: □ Married □ Single □ Divorced □ Widowed

Children: □ Yes □ No

Do you have sex with Females, Males, or both? (Information used to determine appropriate screening tests, ex., anal pap smears in males who have sex with males)

Have you been diagnosed with any Sexually Transmitted Disease or HIV/AIDS? □ Yes **(Please Specify)** _____ □ No

Do you smoke? □ Yes □ No

How many alcoholic drinks a day or week? □ Less than ten □ More than ten ☐ None