



GENERAL MEDICAL HISTORY

PATIENT NAME: _____ DOB: _____

REFERRING PHYSICIAN: _____

1. What brings you in to see the physician today? How long have your symptoms been going on?

2. Have you ever had a Colonoscopy or an Endoscopy? (If so, please list when/where these were done).

3. What medical conditions do you have?

5. Please list your recent hospitalizations in the past 6 months or any gastrointestinal related hospitalizations.

4. What previous surgeries have you had?

4. What known drug or food allergies do you have?

No known drug allergies
