

Temecula Valley Digestive Disease Consultants Intake Form/History
Form

PLEASE FILL OUT COMPLETELY, CIRCLE WHERE NEEDED

First Name: _____ Last Name: _____ Date of Birth: _____
____/____/____ Age: _____

Primary Care Physician: _____ Referring Physician: _____
_____ Not referred

Gender: Male/Female Race: White/Black/Hispanic/Asian/American Indian/Pacific
Islander/Mixed/Declines

Ethnicity: Armenian/British/Chinese/French/German/India/Irish /Italian/Jewish/Korean/Middle
Eastern/Other _____

Preferred Language: _____

Chief Complaint: (Reason for your visit)

Allergies: (Medication and others): _____ Allergies to
Anesthesia _____

Medications: (list) Are you taking Plavix/Coumadin/Pradaxa/Effient (circle), Acid
Blocker _____

Name Reason Taking Meds	Dose/Amount	How often taken
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical History: Past or present medical conditions, please list all medical conditions
and date of onset

Condition	Condition	Condition
_____	_____	_____
_____	_____	_____

Last Colonoscopy	Last Endoscopy	Last Ultrasound	Last CT/MRI
Last Labs			
Date_____	Date_____	Date_____	Date_____
Date_____			

Social History: Marital Status: Married/single/divorced/widowed/separated
Number of children _____

Occupation: _____ Retired

Alcohol Use: less than 7 drinks weekly/more than 7 drinks weekly/occasional use/
recovering alcoholic/none

Tobacco Use: Current daily smoker/current some day smoker/former smoker/never
smoked

Drug use: I have never used drugs/I have used drugs in my past/I am currently using
drugs Type_____

Family History: Please list relative and significant medical history for that relative;
Any GI Cancers: Yes/No

Relative/Relationship	Medical Condition(s)	Relative/Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Review of Systems: (circle all symptoms that apply for you)

Allergic/Immunological: persistent infections

Cardiovascular: chest pain, palpitations, lightheadedness, heart murmur

Constitutional: fatigue, chills, sweats, loss of appetite, weight loss

ENMT: difficulty swallowing, oral lesions, sinus pain, ringing of the ears, hoarseness,
neck swelling

Endocrine: excessive thirst, heat intolerance, cold intolerance, excessive urination, nasal obstruction

Gastrointestinal: abdominal pain, change in bowel habits, constipation, diarrhea, heartburn, nausea, rectal bleeding, vomiting, distention, belching, vomiting blood, black tarry stools, fecal incontinence

Genitourinary: decrease urine flow, urinary incontinence, urgency

Hematologic/Lymphatic : easy bruising, prolonged bleeding, swollen lymph nodes

Musculoskeletal: arthritis, back pain, joint stiffness, neck pain, swelling

Neurological: confusion, stroke, imbalance

Psychiatric: anxiety, depression, nervousness, agitation

Respiratory: cough, coughing up blood, shortness of breath, wheezing

Skin: Itching, lesions, rashes

Are you interested in information regarding Medical Weight Loss
Program/Dietician/Fitness Program (circle) Pharmacy Name:

_____ Location: _____