

GASTROENTEROLOGY CLINIC OF SAN ANTONIO, P.A.



Charles W. Randall, M.D.
 David L. Stump, M.D.
 Jorge Munoz M.D.
 V. Franz Zurita, M.D.

Bassem W. Mazloum M.D.
 Christopher A. Fincke, M.D.
 Gary Gossen M.D.
 Russell Dean Havranek, M.D.

Gastroenterology Clinic of San Antonio, P.A.

Patient Medical Information Sheet

8550 Datapoint Dr. Ste# 200
 San Antonio, TX 78229

Patient Name: _____ DOB: _____ Age: _____ Date: _____
 Primary Dr.: _____ Referring Dr. /Person: _____
 Reason for today's visit: _____

Medications currently taking (including birth control, vitamins, aspirin, ibuprofen, herbal supplements, etc.):

- | | | |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

Drug allergies and reactions:

- | | | |
|----------|----------|----------|
| 1. _____ | 3. _____ | 5. _____ |
| 2. _____ | 4. _____ | 6. _____ |

Medical diseases/Problems/Hospitalizations (example: diabetes, high blood pressure, depression, glaucoma, etc.):

- | | | |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

Operations and date (example: open heart surgery, gallbladder, hysterectomy, etc.):

- | | | |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

Family History: Do your parents, siblings or your children have any of the following? (check all that apply)

- | | | |
|---|--|---|
| Celiac Sprue
Hemochromatosis
Colon Polyps
Diverticulosis/-itis | Gallbladder Stones
Colitis (Crohns or Ulcerative Colitis)
Irritable Bowel Syndrome | Cirrhosis of Liver
Hepatitis
Stomach Ulcers |
| Cancer of: | | |
| Colon | Esophagus | Breast |
| Liver | Cervix | Pancreas |
| Ovaries | Stomach | Uterus |

Social History and Habits (Please check and give average amounts):

Smoke/Chew Tobacco: Yes No How many years? _____ Packs per day? _____

Drink Coffee: Yes No Number of cups/glasses per day? _____

Drink Beer, Wine or Hard Liquor: Yes No Number of drinks _____ per day week month

Marital Status: Single Married Divorced Widowed

Place of birth: _____ Level of Education: _____

Occupation: _____

Significant other's Occupation: _____

Children and Ages: _____