



Gastroenterology Specialists of Oregon, P.C.

Surgical History – List date and circle

_____	Gallbladder	_____	Ulcer
_____	Colon Resection	_____	Hernia Repair
_____	Heart Bypass	_____	Heart Valve
_____	Appendectomy	_____	Hysterectomy
_____	Tonsillectomy		
_____	Other Surgeries:		

List other practitioners involved in your care:

<u>First Name</u>	<u>Last Name</u>	<u>Specialty (MD/DO/NP)</u>	<u>Phone #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

New Patients Only – Please Complete This Section:

Past Medical History:

Have you ever had any of the following tests?

No	Yes		Year	Results
		Colonoscopy		
		Flexible Sigmoidoscopy		
		Barium Enema		
		Upper GI / Barium Swallow		
		Upper Endoscopy		

Family History:

Have any blood relatives had any of the following:

No	Yes		Relationship (mother, brother, etc.) and age of diagnosis
		Colon Cancer	
		Colon Polyps	
		Ulcerative Colitis	
		Crohn's Disease	
		Irritable Bowel	
		Celiac Disease	
		Cancer of: (please circle) Uterus Ovary Stomach Pancreas Bile Duct Small Intestine Urinary Tract (Kidney, Ureter)	