



GASTROENTEROLOGY

SPECIALISTS OF OREGON, P.C.

DATE: _____

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	
		Stomach Ulcers	