AMF GASTROENTEROLOGY, INC

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**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INITIAL QUESTIONAIRE**

**What Gastrointestinal/Liver problem are you being seen for today?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HPI: Please circle any of the GI symptoms that you have below:**

Abdominal pain Diverticulitis Diverticulosis Change in bowel habits

Constipation Diarrhea Gas & bloating Trouble swallowing

Nausea Vomiting Heartburn Vomiting with blood

Loss of appetite Indigestion Hepatitis C Other Liver problems

Rectal bleeding Melena Alternating Diarrhea & Constipation

**Please list your medications and dosage as well as the frequency that you take them:**

|  |  |
| --- | --- |
| Medication name and mg | Instructions |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Please list your drug allergies: Reaction:**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

**My preferred pharmacy:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please check all positive PAST MEDICAL and SURGICAL HISTORY items in the sections below:**

Alcoholism Congestive heart failure Hepatitis Pancreatitis

Anemia COPD Hyperlipidemia Parkinson’s disease

Arthritis Coronary artery disease Hypertension Peptic Ulcer disease

Asthma Crohn’s Irritable bowel Prostate Cancer

Blood transfusion cerebrovascular accident Kidney disease Prostate hyperplasia

Celiac Disease Diabetes Mellitus Kidney stones Seizure Disorder

Cholelithiasis Diverticular Disease Liver Cancer Thyroid Disease

Chronic Renal Failure Exposure to Hepatitis Liver Disease Ulcerative Colitis

Cirrhosis GERD Migraine Headaches Esophageal Varices

Colon cancer Gout Obesity Gastric Varices

Colon Polyps Hemochromatosis – Hereditary

**Past surgical history**   
 Year Year Year Year

Angioplasty Cholecystectomy Knee replacement Bilateral tubal ligation

Angio w/stent Colectomy Liver Biopsy Cesarean Section

Appendectomy Colostomy ORIF Hysterectomy

Back surgery Gastric bypass Pacemaker Mastectomy

CABG Hernia repair Small bowel resection TAH/BSO

Carpel Tunnel Release Hip replacement Thyroidectomy Vaginal hysterectomy

**Please identify known FAMILY HISTORY and identify relation and onset or death:**

Family history relation: onset/death family history relation: onset/death

ADD/ADHD \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Gout \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_   
Alcoholism \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Hearing impairment \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  
Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Heart disease \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  
Alzheimer’s disease \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Hodgkin’s disease \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  
Anemia \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Hypertension \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  
Asthma \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Kidney disease \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  
Blood disease \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_ Learning disability \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  
CA bone \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Liver disease \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  
CAD \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Mental illness \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  
CAD premature \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Migraines \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  
Cancer \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Muscle disease \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  
Colitis \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Obesity \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  
Congenital heart disease \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Osteoarthritis \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  
Congenital heart failure \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Osteoporosis \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  
COPD \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Parkinson’s \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  
CVA (stroke) \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ PVD \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  
Depression \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Renal disease \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  
Developmental delay \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Seizure disorder \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_   
Diabetes \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Thyroid disorder \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_   
Drug abuse \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Other ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Advance directives in place:

Effective date of directive

None Refused Do not resuscitate Living will Do not place on life support

Durable power of attorney Healthcare proxy   
Comments

D

**Please circle/write the following social history information:**

Smoking status: Current Former Never

Tobacco use: Cigarettes Cigars Chew Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drug use: List type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Caffeine: Coffee Tea Cola/soda other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Caffeine frequency per day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alcohol: Current Former Never

Beer Wine Liquor other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alcohol frequency: # daily\_\_\_\_\_ # weekly # monthly\_\_\_\_\_

**Review of symptoms: Please circle symptoms that you are CURRENTLY experiencing:**

Chills Fever Cough Ear infection Nasal congestion Difficulty breathing

Wheezing Chest pain Dizziness Cold intolerance Heat intolerance Painful urination

Headache Anxiety Depression Easy bleeding Easy bruising Back/joint pain