



Gastroenterology & Hepatology Specialists, Inc.

1687 Erringer Road, Suite 103, Simi Valley, CA 93065 Phone: (805) 583-4463 Fax: (805) 583-4465
2230 Lynn Road, Suite 210, Thousand Oaks, CA 91360 Phone: (805) 497-0961 Fax: (805) 496-4818

HEALTH HISTORY QUESTIONNAIRE

MEDICATION:(Please list all medications & vitamins you are currently taking) Patients Name_____

NAME OF MEDICATION	DOSE (MG)	FREQUENCY

ALLERGIES AND SENSITIVITIES : (List all medicines you are allergic or sensitive to.)

1. _____ 2. _____ 3. _____

MILD MODERATE SEVERE

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MAJOR SURGICAL OPERATIONS:

Have you had a Colonoscopy, Upper Endoscopy, Flex Sigmoidoscopy, Upper GI Series, Barium Enema, Abdominal Ultrasound?

If yes, what year? _____ What were the findings? _____

FAMILY MEDICAL HISTORY : (List all medical conditions that affect other members of your family. Cancers; Such as Colon, Rectal, Pancreatic, etc.)

Father _____

Mother _____

Other _____

HABITS:

Do you smoke cigarettes? ☐ Yes ☐ No If yes, how many packs per day? _____ Quit? _____ When? _____

Do you drink alcohol? ☐ Yes ☐ No If yes, how many drinks per day? _____ Quit? _____ When? _____

Do you use illicit drugs? ☐ Yes ☐ No If yes, how much per day? _____ Quit? _____ When? _____

Do you smoke Marijuana? ☐ Yes ☐ No If yes, how much per day? _____ Quit? _____ When? _____



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Patients Name _____

MEDICAL HISTORY:

(Check all your past & present medical conditions, etc.)

Anemia

Blood in Stool

Cirrhosis

Colitis

Colon Cancer

Colon Polyp

Congestive Heart Failure

Coronary Artery Disease

Diabetic

Diverticulitis

Esophageal Reflux

Esophagus

Heart Attack

Hemorrhoids

Hepatitis A

Hepatitis B

Hepatitis C

Hyperlipedemia

High Blood Pressure

Irritable Bowel Syndrome

Kidney Disease

Liver Disease

Stomach Ulcers

Ulcers (Stomach/Small Intestine)

circle TODAY'S symptoms

Other _____

Fever	Chills
Weight Loss	Weight Gain
Change in Vision	Yellow Eyes
Sore Throat	Nasal Congestion
Chest Pain	Irregular Heart Beat
Short of Breath	Wheezing
Cough	Hoarseness
Nausea/Vomiting	Acid Reflux
Abdominal Pain	Bloating
Constipation	Diarrhea
Blood in Stool	Urgency to Urinate
Change in Freq	Painful Urination
Rash on Skin	Itching
Yellow Skin	Diff. Concentrating
Memory Difficulties	Loss of Balance
Tremors	Confusion
Bone Pain	Joint Pain
Muscular Weakness	Hair Loss
Cold Intolerance	Anxiety
Depression	Difficulty Sleeping
Thoughts of Harming Self/Others	Bleed/ Bruise Easily