

# ALL ISLAND GASTROENTEROLOGY & LIVER ASSOCIATES, P. C.

\_\_\_\_\_  
**Patient Name**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Today's Date**

\_\_\_\_\_  
**Reason for today's visit**

\_\_\_\_\_  
**Previous GI Procedures and Tests (year, results, doctor's name)**

Colonoscopy \_\_\_\_\_

Sigmoidoscopy \_\_\_\_\_

Upper Endoscopy (EGD) \_\_\_\_\_

Video Capsule Study (Pillcam) \_\_\_\_\_

Upper GI Series \_\_\_\_\_

Sonogram \_\_\_\_\_

Barium Enema \_\_\_\_\_

**Previous Surgeries (type and year)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Previous Hospitalizations (diagnosis or reason, year, hospital)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Family Medical History**

(please circle those that apply)

Medical details about your family (diseases, types of cancer, etc.)

Colon Cancer/polyps

Father \_\_\_\_\_

Crohn's Disease ulcerative colitis

Mother \_\_\_\_\_

Liver Disease

Siblings \_\_\_\_\_

Pancreatic Cancer

Children \_\_\_\_\_

Gall Bladder Disease

Paternal Grandmother \_\_\_\_\_

Stomach or esophagus cancer

Paternal Grandfather \_\_\_\_\_

Diabetes

Maternal Grandmother \_\_\_\_\_

Coronary artery disease

Maternal Grandfather \_\_\_\_\_

**Personal Information:**

Marital Status \_\_\_\_\_

Occupation \_\_\_\_\_

Alcohol use \_\_\_\_\_

Tobacco use \_\_\_\_\_

Country of birth \_\_\_\_\_