

**NEW PATIENT HEALTH HISTORY
WTH PHYSICIAN OFFICE - WEST TENNESSEE GASTRO**

Patient Name: _____ **Date of Birth:** _____ **Age:** _____

Reason for Visit: _____ **Encounter Date:** _____

Referred By: _____ **PCP:** _____ **PQRS**

PAST MEDICAL HISTORY		Had a flu shot this season? Date: _____	Y	N
Check yes for current or past diagnoses	√ Y	If no, why not?		
Asthma		Had a pneumonia shot ever? >65 yr Date: _____	Y	N
Bronchitis		If no, why not?		
Hypertension / High Blood Pressure		Do you have high blood pressure?	Y	N
Heart Disease		Been screened for colo-rectal ca?	Y	N
Paralysis		Female age 40-69: Have you had a screening		
Numbness		mammogram in the last 2 years?	Y	N
Seizure Disorder		GI HISTORY - PAST or PRESENT	√	Y
Fainting		Cancer - Gastro-intestinal		
Dizziness		Colitis or Ulcerative Colitis		
Eyesight Problems		Colon Polyps		
Headaches		Crohn's Disease		
Hearing Loss		Diverticulitis or Diverticulosis		
Hearing Aid		Gallbladder Disease		
Lower Back Pain		Gastric Ulcer		
Backache		GERD / Acid Reflux		
Spine Disorders		Hepatitis A / B / C		
Arthritis		Hemorrhoids		
Arthritis, Rheumatoid		Irritable Bowel Syndrome		
Renal / Kidney Disorders		Liver Disease		
Urinary Tract Infections		Spleen disease		
Diabetes Mellitus		Peptic Ulcer Disease		
Thyroid Dz		Prior Testing	Date	
Cancer		Colonoscopy		
Type of Cancer?		Who/Where?		
Anemia/Bleeding/Hematological		Endoscopy		
Veneral Disease/STD		Who/Where?		
HIV Infection		ERCP		
Depression/Anxiety		Who/Where?		
Stroke/CVA		Other:		
Hypercholesterolemia		Social History		
Anxiety/Depression		Currently Married	Y	N
Insomnia		Tobacco Use/Packs per day	Y	N
Female/Gyn Problems		Previous Tobacco Use/Quit	Y	N
Chest Pain		Caffiene Use/Servings per day	Y	N
Shortness of Breath		Alcohol Use	Y	N
Other:		Illicit Drug Use	Y	N
		Exercise Regularly	Y	N
		Employed/Occupation:	Y	N
		Other Social History:		

