



# BROWN MEDICINE

BROWN PHYSICIANS, INC.

[www.brownphysicians.org](http://www.brownphysicians.org)

## GASTROENTEROLOGY AND HEPATOLOGY

INITIAL VISIT

Date of Visit: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Primary Care Provider/Physician: \_\_\_\_\_

Occupation: \_\_\_\_\_ If retired, former occupation: \_\_\_\_\_

Allergies:  None  
 Yes ( Food  Medication  Dust/Pollen)  
If yes, please list: \_\_\_\_\_

Do you smoke?:  No  Quit  Yes (How much: \_\_\_\_\_ packs/day)  
Do you drink?:  No  Quit  Yes (How much: \_\_\_\_\_ drinks/day)  
Do you use drugs?  No  Quit  Yes (What and how much: \_\_\_\_\_)

Are there any medical problems that "run" in your family?  
If yes, please list both the problems and who had them (e.g. father, sister, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had surgery:  None  
 Yes  
If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

Please list ALL of your medications (both prescription and over-the-counter):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



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Please check the boxes if you currently have any of the following symptoms:

### Constitutional

- Fevers
- Night sweats
- Weight loss

### Eyes, Head and Neck

- Difficulty seeing or other visual change
- Dry eyes or mouth
- Sore throat
- Hearing difficulty
- Ringing in ears
- Nasal congestion
- Nosebleeds
- Sinus pain
- Loss of smell

### Respiratory

- Cough
- Sputum/Phlegm Production
- Blood in Sputum/phlegm
- Difficulty breathing with rest or activity
- Wheezing
- Loud Snoring
- Inability to sleep

### Cardiac

- Chest Pain or discomfort
- Palpitations
- Shortness of breath while lying in bed
- Pain or cramping in legs
- "Poor" circulation

### Neurologic

- Arm or leg weakness
- Blurred vision/double vision
- Headache
- Unsteady gait

### Urinary

- Blood in urine
- Sexual difficulty
- Difficulty urinating
- Pain or burning with urination
- Awakening at night to urinate

### Psychiatric

- Forgetfulness
- Attention span much worse than usual
- Anxious/Nervous feelings
- Depressed feelings
- Crying Spells
- Problems controlling your temper
- Feeling angry/irritable most of the time

### Endocrine

- Feeling hot or cold all of the time
- Weight gain or loss in the past year
- Hoarseness or change in voice
- Increased urinary frequency
- Excessive thirst

### Skin/Breast

- Breast pain/swelling/mass/dimple
- Rash
- Hives

### Musculoskeletal

- Joint pain or swelling
- Muscle weakness
- Fractures
- Known osteoporosis/osteopenia

### Hematologic

- Easy bruising
- Easy/frequent bleeding
- Known anemia or blood disorder

### Other

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Doctor's Signature and date