

Gastroenterology
2119 East South Blvd.
2nd Floor
Montgomery, AL 36116
Phone: 334-613-7070

NEW PATIENT APPOINTMENT – GASTROENTEROLOGY

_____, you have an appointment with

 Monday Tuesday Wednesday Thursday Friday

_____ at _____ AM PM.

Please bring all of your medications with you to your appointment.

You **must** arrive 30 minutes prior to your appointment.

If you are not able to make this appointment, please call 334-613-7070 as soon as possible. You must arrive 30 minutes prior to your appointment to ensure we are able to see you. Please know your appointment may be rescheduled if you do not arrive on time. On the day of your appointment, please bring the following items with you:

- **Enclosed Paperwork – Please complete all of the enclosed paperwork prior to arriving for your appointment.**
- **Photo identification card.**
- **Co-pay**
- **Insurance Card.**
- **Medication bottles: Please bring the actual bottles for all medications you are currently taking.**

****All co-pays are due prior to services rendered****

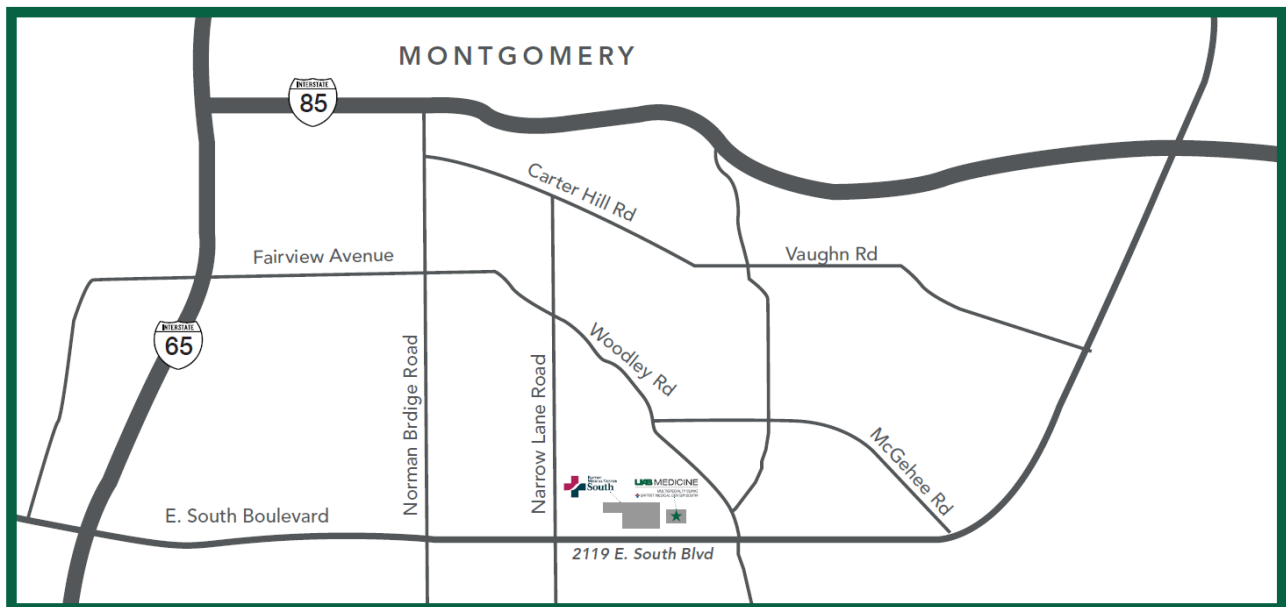
NEW PATIENT INFORMATION FORM

Helpful Information & Directions

The UAB Multispecialty Clinic is located on the campus of Baptist Medical Center South. The UAB building is a three-story building located on the right (east) side of the campus, across from the Emergency Room ambulance bays.



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Montgomery, AL 36116



When you come for your appointment:

- Bring all of your medication in their original containers.
- Bring your insurance card and driver's license or other photo identification.
- You must arrive at least 30 minutes before your appointment time.
- Don't forget to bring these completed forms with you.

NEW PATIENT INFORMATION FORM

GASTROENTEROLOGY

First Name: _____ Last Name: _____ DOB _____

Address:

Phone Number: _____ Email: _____

Race: _____ Ethnicity: _____ Preferred Language: _____

Allergies:

No known allergies No known drug allergies Latex Penicillin

Other: _____

Immunizations:

None

Hepatitis A, Adult When: _____ Hepatitis B, Adult When: _____

Gastrointestinal Symptoms:

Heart burn/sub=sternal burning

Abdominal Pain

Difficulty Swallowing

Pain upon swallowing

Nausea or vomiting

Abdominal swelling or distention

Jaundice (yellowish coloration of the skin)

Vomiting blood (hematemesis)

Black/tarry stools

Bloody stools

Constipation

Diarrhea or other change in bowel habits

Weight loss

Loss of appetite

Fever/chills

Abdominal bloating

Other:

Preferred Pharmacy:

Pharmacy name _____ Phone _____

Address _____

Current Medications :

None

Name	Dose	How Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current/Past regular use of following over the counter medications : Yes No

(Circle the name if the answer is yes)

- | | | |
|---|-------------------------|------------------------|
| Aspirin | Celecoxib (Celebrex) | Oxaprozin (Daypro) |
| Ibuprofen (Motrin, Advil) | Ketoprofen (Ketoprofen) | Piroxicam (Feldene) |
| Naproxen (Aleve, Anaprox, Naprelan, Naprosyn) | | Goody/BC Powder |
| Dicofenac (Cambia, Cataflam, Voltaren-XR, Zipsor, Zorvolex) | | Indomethacin (Indocin) |

Previous Endoscopies/GI Procedures (If you have more than one time, just provide information of last ones):

- None
- EGD (Upper Endoscopy) When: _____ By Whom: Dr. _____
- Colonoscopy When: _____ By Whom: Dr. _____
- Flexible Sigmoidoscopy When: _____ By Whom: Dr. _____
- Capsule Endoscopy When: _____ By Whom: Dr. _____
- 24 Hour Ph Study When: _____ By Whom: Dr. _____
- Esophageal Motility Study When: _____ By Whom: Dr. _____

Past/Present Gastrointestinal Conditions:

- None
- Acid Reflux Stomach Ulcer Esophageal stricture Barrett's Esophagus
- Colon Polyps Colon Cancer Ulcerative Colitis Crohn's Disease
- Hepatitis B Hepatitis C Diverticulosis/diverticulitis Pancreatitis
- Fatty Liver Liver Cirrhosis Hepatic encephalopathy Esophageal varices
- Ascites Liver Transplant Irritable Bowel Syndrome H Pylori Infection
- Other _____

Past Gastrointestinal/Abdominal Surgeries:

- None

Surgery	Month/Year	Surgery	Month/Year
<input type="checkbox"/> Appendectomy		<input type="checkbox"/> Gall Bladder Removal	
<input type="checkbox"/> Gastric Bypass		<input type="checkbox"/> Colon Resection	
<input type="checkbox"/> Gastric Banding		<input type="checkbox"/> Small Bowel Resection	
<input type="checkbox"/> Partial gastrectomy		<input type="checkbox"/> Hemorrhoid Surgery	
<input type="checkbox"/> Hysterectomy		<input type="checkbox"/> Hiatal Hernia Surgery	
<input type="checkbox"/> Other			

Family History of Gastrointestinal Problems:

- None
- Colon Cancer Whom: _____ At What Age? _____
More than one member had/has colon cancer? Yes No
- Colon Polyps Whom: _____ Liver Problems Whom: _____
- Pancreas Cancer Whom: _____ Stomach Cancer Whom: _____
- Esophageal Cancer Whom: _____ Gall bladder problem Whom: _____
- Other _____

Smoking: Never Current Smoker Former Smoker

Alcohol Use: None

Type: Quantity Frequency

Drug Use: Never Current Use Former User

Have you ever seen a Gastroenterologist? Yes No

If yes,

Gastroenterologist Name: _____

Office Address: _____

Phone Number/Fax Number: _____

When was your last visit with Gastroenterologist? _____

Is it ok to collect the records from your previous Gastroenterologist? Yes No

Patient's Signature _____ Date: _____