

East Carolina Gastroenterology, PA
Established Patient Medical and Personal History Update

Date of this visit: _____

Last name: _____ First: _____ MI: _____

Address : _____ City: _____ Zip: _____

Date of Birth: _____ Primary Care Physician: _____

Emergency Contact Name: _____ Tel# _____ Relationship _____

Tel #'s Home: _____ Work: _____ Cell: _____

Preferred Pharmacy _____

Spouse/Sponsor's Info- Name: _____ DOB: _____ SS# _____

Changes to your email address: _____

Please provide us with a personal (not work related) e-mail address and you will be able to access your personal health records, request appointments, request medication refills, receive educational material, view your statements, send to and receive messages from our clinical staff. These benefits are available through our secure patient portal which you can access from your smart phone or computer.

Any problems today? Please list _____

Social History:(Estimate amount and frequency of usage)

Alcohol: Yes No Beer _____ Wine _____ Liquor _____

Tobacco: Yes No How long _____ Cigarettes _____ppd Cigars _____ Chewing tobacco _____

IV Recreational Drug use: Yes No **Any tattoos?** _____ **Any blood transfusions?** Yes No

Allergies to MEDICATIONS, foods or LATEX (State name and type of reaction):

Show us a list of your medicines or the medicine bottles if you have them.

PATIENT SIGNATURE and DATE