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<th>None</th>
<th>Codeine</th>
<th>Iodine</th>
<th>Morphine</th>
<th>Penicillin</th>
<th>Sulfamethazine</th>
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<tr>
<td></td>
<td>Aspirin</td>
<td>Demerol</td>
<td>Latex</td>
<td>Novocain</td>
<td>Propofol</td>
<td>Tape</td>
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<tr>
<th>Past Medical History</th>
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<td>Colon Cancer</td>
<td>Colon Polyps</td>
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<td>Diabetes</td>
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<tr>
<td>Gallstones</td>
<td>Hepatitis A</td>
<td>Hepatitis B</td>
<td>Hepatitis C</td>
<td>Hiatal Hernia</td>
<td>Irritable Bowel Syndrome</td>
<td>Lactose Intolerance</td>
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<td>Cancer</td>
<td>Chronic Lung Disease</td>
<td>Congestive Heart Failure</td>
<td>Depression</td>
<td>Emphysema</td>
<td>Gout</td>
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<td>High Triglycerides</td>
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<td>VIH/SIDA</td>
<td>Irregular Heart Beat</td>
<td>Kidney Disease</td>
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<td>Rheumatoid Arthritis</td>
<td>Seizures</td>
<td>Skin Cancer</td>
<td>Sleep Apnea</td>
<td>TB Skin Test Pos</td>
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<td>Pancreatitis</td>
<td>Kidney Stones</td>
<td>Stroke</td>
<td>Lupus</td>
<td>Gout</td>
<td>Heart Attack</td>
<td>Heart Murmur</td>
<td>Paralysis</td>
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<td>Diabetes</td>
<td>Glaucoma</td>
<td>Stomach Ulcer</td>
<td>Ulcerative Colitis</td>
<td>Asthma</td>
<td>Atrial Fibrillation</td>
<td>High Blood Pressure</td>
<td>Phlebitis</td>
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<td>Diverticulitis</td>
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<td>Ulcerative Colitis</td>
<td>Heart Attack</td>
<td>Heart Murmur</td>
<td>Atrial Fibrillation</td>
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<td>Heart Murmur</td>
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<td>Duodenal Ulcer</td>
<td>Asthma</td>
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<td>Atrial Fibrillation</td>
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<tr>
<th>Surgeries/Hospitalization/Procedures:</th>
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<tr>
<td>None</td>
<td>Colonoscopy</td>
<td>C-Section</td>
<td>Cardiac Surgery</td>
<td>Right Colon Resection</td>
<td>Left Colon Resection</td>
<td>Gall Bladder</td>
<td>Heart Bypass Surgery</td>
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<td>Heart Stent</td>
<td>Heart Valve Replacement</td>
<td>Hemorrhoids</td>
<td>Hiatal Hernia</td>
<td>Hysterectomy, Partial</td>
<td>Hysterectomy, Total</td>
<td>Joint Surgery/Replacement</td>
<td>Transplant Surgery</td>
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<td>Obesity Surgery</td>
<td>Prostate</td>
<td>Stomach</td>
<td>Thyroid</td>
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<td>Tubal Ligation</td>
<td>Vasectomy</td>
<td>Aneurysm Clip</td>
<td>Pacemaker</td>
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<td>Social History, Marital Status</td>
<td>Number of Children</td>
<td>Social History of Exercise:</td>
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<tr>
<td>□ Single</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5 □ 6+ □ None</td>
<td>□ Do not exercise □ Walk □ Jog □ Bike</td>
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<td>□ Separated</td>
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<td>□ Swim □ Golf □ Aerobics □ Lift Weights</td>
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<td>□ Married</td>
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<tr>
<td>□ Widowed</td>
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<tr>
<th>Social History of Alcohol:</th>
<th>Social History of Tobacco:</th>
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<tbody>
<tr>
<td>□ Never</td>
<td>□ I use tobacco products □ I quit using tobacco products □ I have never used tobacco</td>
</tr>
<tr>
<td>□ More than 2 days/week</td>
<td>□ Cigarettes □ Cigars □ Smokeless Tobacco</td>
</tr>
<tr>
<td>□ Rarely</td>
<td>□ Less than 2 days/week</td>
</tr>
<tr>
<td>□ Daily</td>
<td>□ I quit using alcohol</td>
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<table>
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<tr>
<th>Social History of Illicit Drugs:</th>
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<tbody>
<tr>
<td>□ I use illicit drugs □ I quit using illicit drugs □ I have never used illicit drugs □ Injection Drug Use</td>
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Social History, Occupation:

Occupation: ____________________________ □ Veteran
# Present Symptoms

## Gastrointestinal:

- None
- Abdominal Pain, Upper
- Abdominal Pain, Lower
- Abdominal Pain, Swelling
- Anal/Rectal Pain
- Belching
- Black Stools
- Bloating
- Change in Bowel Habits
- Constipation
- Dairy Intolerance
- Diarrhea
- Difficulty Swallowing
- Flatulence/Gas
- Heartburn
- Hemorrhoids
- Mucus in Stool
- Nausea
- Pain in Bowel Movements
- Rectal Bleeding
- Rectal Urgency
- Reflux
- Soiling Stool/Incontinence
- Weight Loss, More than 10lbs
- Weight Gain, Less than 10lbs
- Weight Gain, More than 10lbs
- Vomiting
- Other:

## Urinary Tract Infection:

- None
- Blood in Urine
- Change in Urinary Frequency
- Kidney Stones
- Nocturnal Urination
- Pain with Urination
- Sexually Transmitted Disease
- Urinary Incontinence
- Male: Testicle Problem
- Female: Breast Lump
- Heavy Periods

## Skin:

- None
- Jaundice
- Dryness
- Rashes
- Hives
- Suspicious Lesions
- Itching
- Other:

## Cardiovascular:

- None
- Chest Pain with Exertion / Angina
- Palpitations
- Shortness of Breath with Exertion
- Ankle Swelling
- Heart Murmur as an Adult
- Shortness of Breath when Lying Flat
- Other:

## Neurological:

- None
- Dizziness
- Fainting Spells
- Frequent Headaches
- Memory Disturbance
- Numbness in Extremities
- Seizures
- Stroke/Weakness
- Tremors
- Other:

## Endocrine:

- None
- Cold Intolerance
- Excessive Thirst
- Other:

- Heat Intolerance
- Tremors
- Hair Change/Loss
<table>
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<tr>
<th>Constitutional:</th>
<th>Psychiatric:</th>
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<td>□ None</td>
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<tr>
<td>□ Chills</td>
<td>□ Loss of Appetite</td>
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<tr>
<td>□ Fatigue</td>
<td>□ Night Sweats</td>
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<tr>
<td>□ Other:</td>
<td>□ Fever</td>
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<tr>
<td></td>
<td>□ Inability to Concentrate</td>
</tr>
<tr>
<td></td>
<td>□ Anxiety/Panic</td>
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<tr>
<td></td>
<td>□ Suicidal Thoughts</td>
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<td></td>
<td>□ Depression</td>
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<td>□ Other:</td>
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<td>□ None</td>
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<tr>
<td>□ Blurred Vision</td>
<td>□ Loss of Vision</td>
</tr>
<tr>
<td>□ Cataracts</td>
<td>□ Pain</td>
</tr>
<tr>
<td>□ Glaucoma</td>
<td>□ Wearing Glasses/Contacts</td>
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<tr>
<td>□ Other:</td>
<td>□ Light Sensitivity</td>
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<tr>
<td></td>
<td>□ Swollen Glands</td>
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<td></td>
<td>□ Easy Bruising</td>
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<td>□ Prolonged Bleeding</td>
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<td>□ Other:</td>
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<table>
<thead>
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<th>Ears, Nose and Throat:</th>
<th>Musculoskeletal:</th>
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<tr>
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<td>□ None</td>
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<tr>
<td>□ Hearing Loss</td>
<td>□ Nose Bleeds</td>
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<tr>
<td>□ Hoarseness</td>
<td>□ Sore Throat</td>
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<td></td>
<td>□ Other:</td>
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<td></td>
<td>□ Muscle Pain</td>
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<td>□ Back Pain</td>
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<td></td>
<td>□ Joint Pain</td>
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<table>
<thead>
<tr>
<th>Respiratory:</th>
<th>Immunological:</th>
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<tr>
<td>□ None</td>
<td>□ Coughing</td>
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<tr>
<td>□ Cessation of Breathing when Sleeping</td>
<td>□ Snoring</td>
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<tr>
<td>□ Cough up Blood</td>
<td>□ Wheezing</td>
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<td>□ Shortness of Breath</td>
<td>□ Other:</td>
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<td>□ Persistent Infections</td>
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<td>□ Allergies (Environmental)</td>
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<td>□ Strong Allergic Reactions</td>
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<td>Condition</td>
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<tr>
<td>----------------------------</td>
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</tr>
<tr>
<td>Colitis</td>
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</tr>
<tr>
<td>Colon Cancer*</td>
<td>☐</td>
</tr>
<tr>
<td>*Age at Diagnosis</td>
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<tr>
<td>Colon Polyps</td>
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<tr>
<td>Crohn’s Disease</td>
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<tr>
<td>Diabetes</td>
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<tr>
<td>Esophageal Cancer</td>
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<td>Gall Bladder Disease</td>
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<tr>
<td>Liver Cancer</td>
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<td>Stomach Cancer</td>
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<td>Ulcerative Colitis</td>
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In the table below, please list all medications taken.

<table>
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<th>Name of Medication and Strength</th>
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</tbody>
</table>

FOR MEDICAL PERSONNEL USE ONLY

Weight:__________ lbs., BP:__________ mmHg, HR:__________ B/min, RR:__________ R/min, T:__________°F