Fresno Gastroenterology

A member of Community Foundation Medical Group & Part of Santé Health Foundation

7095 N. Chestnut, #101, Fresno, CA 93720
Ph. 559-323-8200 Fax: 559-323-9200

Patient name: _____
DOB: _____
Patient #: _____

Past Medical/Surgical/Social History

Past Medical History. Please check all previous illnesses or conditions below.

- ❑ Anemia
- ❑ Arthritis
- ❑ Asthma
- ❑ Back problem
- ❑ Barrett's Esophagus
- ❑ Cardiac Disease
- ❑ Celiac disease
- ❑ CHF
- ❑ Cirrhosis
- ❑ Colon polyps
- ❑ COPD
- ❑ Diabetes mellitus
- ❑ Diverticulosis
- ❑ Heartburn
- ❑ Hemophilia or bleeding disorder
- ❑ Hepatitis
- ❑ Hypercholesterolemia
- ❑ Hypertension
- ❑ Hypothyroidism
- ❑ Immune deficiency
- ❑ Kidney disease
- ❑ Liver disease
- ❑ Myocardial infarction
- ❑ Osteoporosis
- ❑ Pneumonia
- ❑ Prostate disease
- ❑ Sleep apnea
- ❑ Stroke
- ❑ TIA
- ❑ Other: _____

Surgical History. Please check any surgeries you have had and indicate date if known.

- ❑ Appendectomy
- ❑ Bariatric surgery
- ❑ Bladder repair
- ❑ Breast surgery
- ❑ C-Section
- ❑ Colon surgery
- ❑ Colonoscopy
- ❑ Cosmetic surgery
- ❑ Eye surgery
- ❑ Fracture surgery
- ❑ Gallbladder surgery
- ❑ Heart surgery
- ❑ Hernia repair
- ❑ Hysterectomy
- ❑ Joint replacement
- ❑ Ovary removal
- ❑ Pancreas surgery
- ❑ Prostate surgery
- ❑ Small intestine surgery
- ❑ Spine surgery
- ❑ Take Down Colostomy
- ❑ Tonsillectomy
- ❑ Tubal ligation
- ❑ Upper GI endoscopy
- ❑ Valve replacement
- ❑ Vasectomy
- ❑ Other: _____

Social History

Do you smoke? ❑ No ❑ Yes If yes, how many packs a day?_____
Do you drink alcohol? ❑ No ❑ Yes If yes, how much per week?_____
Do you use smokeless tobacco? ❑ No ❑ Yes If yes, how much per week?_____
Have you ever used intravenous drugs? ❑ No ❑ Yes
Do you have tattoos? ❑ No ❑ Yes