GREATER HOUSTON DIGESTIVE DISEASE CONSULTANTS

1120 Medical Plaza Dr. Ste 255, The Woodlands TX 77380 Phone: 281-205-1111 Fax: 281-419-2111

NEW PATIENT INFORMATION

DATE_____

NAME_____DATE OF BIRTH _____

LAST FIRST M.I.

ADDRESS_____AGE_____M___F___

CITY_____STATE_____ZIP_____

HOME (_____)_____-_____ CELL (_____)_____-_____ WORK (_____)_____-_____

EMAIL_____SS#_____-_____-_____MARITAL STATUS_____

EMPLOYER/SCHOOL_____

OCCUPATION_____

IN CASE OF EMERGENCY, NOTIFY (NAME)_____PHONE(_____)_____-_____

POLICY HOLDER IS: PARENT_____ SPOUSE_____GUARDIAN_____SELF_____ (PLEASE CHECK ONE)

GROUP OR POLICY#_____NAME OF POLICY HOLDER_____

POLICY HOLDER EMPLOYER_____WORK PHONE (_____)_____-_____

POLICY HOLDER SS#_____-_____-_____ NAME OF INSURANCE CO. _____

Policy Holder Date of Birth _____

I understand that I am responsible for any amounts not covered by my insurance.

DATE _____SIGNATURE_____

PRIMARY PHYSICIAN (Family Practitioner, Internists and-or Gynecologist)

_____

How were you referred to this office? _____

What symptoms are you having? _____

_____

_____

FAMILY HISTORY- has any parent, brother and-or sister had any of the following problems? (Circle YES or NO)

Bleeding Disorder	Yes	No	Peptic Ulcers	Yes	No
Colon Cancer	Yes	No	Colon Polyps	Yes	No
Other Cancer	Yes	No	Gallbladder Disease	Yes	No
Colitis	Yes	No	Crohn's Disease/ileitis	Yes	No
Diverticulosis	Yes	No	Liver Disease	Yes	No
Irritable Bowel/Spastic Colon	Yes	No	Swallowing Difficulty	Yes	No
Heart Disease	Yes	No	Diabetes	Yes	No
Tuberculosis	Yes	No	Other Serious Disease	Yes	No

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CURRENT MEDICAL CONDITIONS

_____

_____

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_____

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CURRENT MEDICATIONS (Please include all prescription and non-prescription medications, vitamins and herbal supplements such as birth control pills, hormones, antihistamines, aspirin, ibuprofen, vitamin E, fish oil, etc.)

_____

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DRUG ALLERGIES (Please include a description of the type of reaction: rash, breathing difficulty, etc.)

_____

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_____

PAST HOSPITALIZATIONS, SURGERIES (Please include approximate dates, if known.)

_____ Date

_____ Date

_____ Date

_____ Date

_____ Date

_____ Date

_____ Date