

## Patient Medical History Form

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
                    First Name                      Last Name                      MI

Pharmacy Name: \_\_\_\_\_

Pharmacy Phone: \_\_\_\_\_

Do you have an advance directive (living will)?  Yes  No

Are you the surrogate decision maker (individual decision maker)?  Yes  No

**REASON FOR YOUR OFFICE VISIT:** \_\_\_\_\_

**Medication:** Please list all prescription medications, over the counter vitamins, and supplements.

Medication/Supplement Name	Dose/Frequency		Medication/Supplement Name	Dose/Frequency

**Allergies:** Do you have any allergies or adverse reactions to ANY medications?

Medication	Reaction		Medication	Reaction

\*Are you allergic or sensitive to the following?  Latex  Adhesive Tape  Iodine/I.V. Contrast

**Medical History:** Please list any medical problems you have had in the past.

Medical Problem	Date Occurred		Medical Problem	Date Occurred

\*\*\*PLEASE COMPLETE ALL PAGES\*\*\*

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Patient Name: \_\_\_\_\_

Date of Service: \_\_\_\_\_

**Surgical History:**

**NO PRIOR SURGERIES**

Procedure Name	Date (M/Y)		Procedure Name	Date (M/Y)

**Hospitalizations:** Please list any hospital admissions.

**NO PRIOR HOSPITALIZATIONS**

Procedure Name	Date (M/Y)		Procedure Name	Date (M/Y)

**Family History:**

Siblings: \_\_\_\_\_ Brother(s) \_\_\_\_\_ Sister(s)

Children: \_\_\_\_\_ Sons(s) \_\_\_\_\_ Daughter(s)

Please check all that apply:

	Diabetes	Hypertension	Heart Disease	Cancer (Type)
Father				
Mother				
Paternal Grandfather				
Paternal Grandmother				
Maternal Grandfather				
Maternal Grandmother				
Siblings				
Children				
Other Relatives				

**Social History:**

Tobacco Use:  Never  Former\*  Current \* Quit: \_\_\_\_\_ (Month) / \_\_\_\_\_ (Year)

Circle one: Light (1-9 cigs/day) Moderate (10-19 cigs/day) Heavy (20-39 cigs/day)

Alcohol Use:  Never  Former\*  Current  Beer  Wine  Hard Liquor

Drinks/Amount (per day/week/month) \_\_\_\_\_ \* Quit: \_\_\_\_\_ (Month) / \_\_\_\_\_ (Year)

**\*\*\*PLEASE COMPLETE ALL PAGES\*\*\***