PATIENT MEDICAL HISTORY INFORMATION

Patient Name: **Weight**   **Height**   _____

Are you currently taking Aspirin   **No**   **Yes**   **(If yes, how often)**

Are you currently on Coumadin/Warfarin or Plavix?   **No**   **Yes**

Do you have any allergies to medications   **No**   **Yes**   **(If yes, please list below)**

Please list any medications you are currently taking:

Please list any prior surgery you may have had:

Do you have: _____

Digestive Diseases	**No**	**Yes**
A History of Kidney Stones	**No**	**Yes**
Blood Clotting Problems	**No**	**Yes**
A Family History of Colon Cancer	**No**	**Yes**
A Family History of Digestive Diseases	**No**	**Yes**

Do you smoke?   **No**   **Yes**   **(If yes, how much)**

Do you drink alcohol No   **Yes**   **(If yes, how frequently)**

Are you pregnant?   **No**   **Yes**   **(Start date of last period)**

Signature of Patient/Responsible Party   **Date:**

Alcohol:

Did you have a drink containing alcohol in past year?

> **YES   or   NO**

If yes, please answer the following questions,

How often did you have 6 or more drinks on one occasion in the past year?

A.   Never (0 points)
B.   Less than monthly (1 point)
C.   Monthly (2 points)
D.   Weekly (3 points)
E.   Daily or almost daily (4points)

How often did you have a drink containing alcohol in the past year?

A.   Never (0 points)
B.   Monthly or less (1 points)
C.   2 to 4 times a month (2 points)
D.   2 to 3 times a week (3 points)
E.   4 or more times a week (4 points)
F.   6 or more times a week (4 points)

How many drinks did you have on a typical day when you were drinking in the past year?

A.   1 or 2 drinks (0 points)
B.   1 to 2 drinks (0 points)
C.   3 or 4 drinks (1 points)
D.   5 or 6 drinks (2 points)
E.   7 to 9 drinks (3 points)
F.   10 or more drinks (4points)

Have you used drugs other than those for medical reasons in the past 12 months?

> **YES   or   NO**

Have you ever had a blood transfusion?

> **If YES, what year?   _____   or   NO**

Sexual history

Have you ever had a sexual transmitted infection?

> **YES   or   NO**

Last menstrual period   Date:_____