

# Esophageal Institute of Atlanta

## Initial Clinical History and Physical Form

---

Date: \_\_\_\_\_

### Patient Information

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

**Race:**      Caucasian      African American      Asian      Hispanic      Multi-Racial      Other

**Marital Status:**      Single      Married      Divorced      Widowed      No. Children \_\_\_\_\_

**Reason for Visit:** \_\_\_\_\_

### Past Medical History

(Please check all conditions that you have or have had.)

None	Anxiety	High Cholesterol	Allergy: Food
Heart Disease	Bleeding Difficulties	Seizure	Allergy:
High Blood Pressure	Hepatitis A B or C	Loss of Consciousness	Seasonal TB
Stroke/TIA Obstructive	HIV	Arthritis	Hypothyroid
Sleep Apnea Coronary	Diabetes-Diet Controlled	Asthma	Hyperthyroid
Artery Disease	Diabetes-Oral Meds	Emphysema/COPD	
Depression	Diabetes-On Insulin	Osteoporosis	

**Cancer: Type/Treatment:** \_\_\_\_\_

**Other (Specify):** \_\_\_\_\_

### Past Surgical History (Type of Surgery & Year)

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

3. \_\_\_\_\_

6. \_\_\_\_\_

### Prescription Medications

**Medication                      Dose/Number per Day**

1. \_\_\_\_\_

**Medication                      Dose/Number per Day**

6. \_\_\_\_\_

2. \_\_\_\_\_

7. \_\_\_\_\_

3. \_\_\_\_\_

8. \_\_\_\_\_

4. \_\_\_\_\_

9. \_\_\_\_\_

5. \_\_\_\_\_

10. \_\_\_\_\_

# Esophageal Institute of Atlanta

## Initial Clinical History and Physical Form (Page 2)

---

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

### Drug Allergies

No known drug allergies	1. _____	3. _____
Latex		
Tape	2. _____	4. _____

### Social History

(Please check the appropriate listings)

#### Tobacco Use

Never  
Quit  
Current Smoker

How many years? \_\_\_\_\_

#### Alcohol Use

None  
Socially  
Daily  
Heavy

#### Exercise

None  
1-2x/week  
3-4x/week  
5-7x/week

#### Employment

Unemployed  
Employed - Manual Labor  
Employed - Office

### History of Esophagus or Stomach Conditions

(Please check the appropriate listings)

#### Care with Gastroenterologist?

Yes  
No

GI Name: \_\_\_\_\_

#### Current Diagnoses

GERD  
Hiatal Hernia  
Barretts  
LPR  
Esophageal Cancer  
Other: \_\_\_\_\_

#### Recent Testing (Last 6 months)

(Please check the appropriate listings)

EGD (upper endoscopy)  
Bravo pH  
Impedence pH  
Barium Swallow  
Upper GI  
Esophageal Motility  
Gastric Emptying  
Restec pH

#### Previous Surgery

Stomach Surgery  
Esophageal Surgery  
Weight Loss Surgery