

VISHAL GANDOTRA, M.D.
HISTORY AND PHYSICAL

Patient Name: _____ Date of Birth: ___ / ___ / ___ Age: _____

What is your main complaint? _____

How long has this been a problem? _____

Drug Allergies: _____

Do you have history of:

- Ulcers- Stomach or duodenal
- Heartburn
- Liver disease
- Pancreas disease
- Jaundice
- Alcoholism
- Anemia
- Blood disorder/serious bruising
- Chest pain/angina
- Heart rhythm disturbance
- Congestive heart failure
- High blood pressure
- MI
- Congenital heart disease
- Heart valve replacement
- History of endocarditis (heart valve infection)
- Stroke/TIAs
- Asthma
- COPD
- Shortness of breath
- Diabetes
- Kidney disease
- Arthritis
- Menstrual problems

(continue on the back).

Any family history of:

- colon cancer
- colon polyps
- stomach cancer
- pancreatic cancer

Habits:

- smoke ___yes ___no
- alcohol ___yes ___no
- coffee ___yes ___no

List any surgeries or operations: _____

Last colonoscopy: _____

Last endoscopy: _____

What is your preferred day to have procedures(Endoscopy, colonoscopy etc): _____

ADVERSE REACTION TO ANESTHESIA: ___YES ___NO

If your answer is Yes please explain:

List all current medications:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____