

Esophageal Institute of Atlanta

Initial Clinical History and Physical Form

Past Medical History Please check all conditions that you have or have have have the heart Disease Bleed High Blood Pressure Hepat Blood Clots HIV Obstructive Sleep Apnea Chron	erican Asian arried nad.) ty ling Difficulties titis A B or C nic Steroid Use etes-Oral Meds	n Hispanic Divorced N High C Seizure Fibrom Arthrit Asthm	Widowed No. Ch holesterol e nyalgia	Oher mildren Allergy: Food Allergy: Seasonal TB
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Coronary Artery Disease Diabe		Г		Hyperthyroid
, ,	Anna Ora Languilla	Empny	/sema/COPD	
Depression Diabe	etes-On Insulin	Osteo	oorosis	
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NI				
other (Specify):				
last Surgical History (Type of Surgery &	•	6		
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·				
•		10		
una quintia u Madia etiana				
rescription Medications				
	Number per Day	_	Medication	Dose/Number per Da
•		6		
•		7		
·		8		
•		9		
·		10		



Patient Name:

Yes

No

GI Name:

Esophageal Institute of Atlanta

Stomach Surgery

Esophageal Surgery

Weight Loss Surgery

Initial Clinical History and Physical Form (Page 2)

EGD (upper endoscopy)

Bravo pH

Upper GI

Restec pH

Impedence pH

Barium Swallow

Esophageal Motility
Gastric Emptying

No known drug allergies Latex	1		3	
Tape	2		4	
Social History Please check the appropriate listings)				
Tobacco Use	Alcohol Use	<u>Exercise</u>	<u>Employment</u>	
Never	None	None	Unemployed	
Quit	Socially	1-2x/week	Employed - Manual Labor	
Current Smoker	Daily	3-4x/week	Employed - Office	
How many years?	Heavy	5-7x/week		
·			·	
History of Esophagus or Stoma (Please check the appropriate listings)	ch Conditions			
Care with Gastroenterologist?	Current Diagnoses Recent Testing (I		Last 6 months) Previous Surgery	

GERD

Barretts

LPR

Other:

Hiatal Hernia

Esophageal Cancer