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Gastroenterology: Review of System

(Please Print)

In order to help us provide a thorough evaluation of your digestive problem, please complete this questionnaire. If you desire help completing this form, please speak with the receptionist.

NAME (LAST, FIRST, MI)	DATE
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PART I: MEDICAL HISTORY

PLEASE DESCRIBE YOUR DIGESTIVE PROBLEM: _____

HOW LONG HAVE YOU HAD THIS PROBLEM AND HOW OFTEN DOES IT OCCUR? _____

WHAT SEEMS TO HELP IT ? _____

WHAT SEEMS TO MAKE IT WORSE? _____

HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS?

fevers
 weight loss/gain
 weakness
 loss of appetite
 heartburn
 nausea or vomiting
 change of bowel function
 blood in the stool
 jaundice
 difficulty swallowing
 abdominal pain
 fecal soiling
 other: _____

WHAT MEDICATIONS DO YOU CURRENTLY TAKE? (PLEASE INCLUDE VITAMINS, HORMONES, ORAL CONTRACEPTIVES, OVER-THE-COUNTER PILLS, ETC.)

PLEASE DESCRIBE YOUR DIET, INCLUDING TYPES OF FOOD PREFERENCES: _____

ARE YOU ALLERGIC TO ANY MEDICATIONS? YES NO IF YES (PLEASE SPECIFY):

HAVE YOU HAD SURGERY? YES NO IF YES PLEASE LIST:

WHAT NON-DIGESTIVE PROBLEMS DO YOU HAVE? PLEASE LIST: _____

PART II: FAMILY HISTORY

What medical problems run in your family? Please fill in family member next to each disease:

Peptic ulcer _____ Diabetes _____ Gallbladder disease _____ Crohn's disease _____

Heart disease _____ Cancer _____ High blood pressure _____ Ulcerative colitis _____

Other: _____

PART III: REVIEW OF SYMPTOMS

Please circle problem areas:

General: loss of appetite recent weight loss or gain fevers weakness other _____

Skin: itching rash spots other skin disorder (specify) _____

Ears: infections loss of hearing **Eyes:** redness glaucoma cataracts other _____

Nose: nosebleeds sinus infections Hay fever other (specify) _____

Mouth and Throat: bleeding gums sore throats burning of tongue hoarseness other _____

Chest: cough breathlessness asthma bronchitis coughing blood other _____

Heart: chest pain high blood pressure rheumatic fever heart murmur other _____

Urinary: urgency incontinence frequency blood in urine infections kidney stone

other _____

Musculoskeletal: joint pains muscle weakness or pain other (specify) _____

Endocrine: excess thirst high blood sugar thyroid disease goiter other _____

Neurologic: stroke loss of memory weakness headaches seizures loss of consciousness

Other _____

Other: _____

Thank you,

Lawrence B. Cohen, M.D.
James Aisenberg, M.D.
Kenneth M. Miller, M.D.
Neville D. Bamji, M.D.