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## Patient Interview Form

### Patient Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
MRN: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_  
Age: \_\_\_\_\_ Notes: \_\_\_\_\_

### Email

Please check one as your preferred email for communications

Personal: \_\_\_\_\_  Work: \_\_\_\_\_

### Race

Select one or more

White  Black or African American  Asian  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  
 Unknown  Patient declines to specify

### Ethnicity

Hispanic or Latino  Not Hispanic or Latino  Patient declines to specify

### Sex

Male  Female  Other

### Preferred Language

English  Portuguese  Spanish; Castilian  Patient declines to specify

### Contact Preference

No Preference  Patient Portal (email)  Letter  Patient declines to specify Other: \_\_\_\_\_

### Allergies

Patient has no known allergies  Patient has no known drug allergies  
 Demerol  Eggs  Penicillins  Propofol  Versed  
 IV Dye, Iodine Containing  Sulfa (Sulfonamide Antibiotics)  Soy  Latex  Nuts  
 aspirin  Other: \_\_\_\_\_

**Past or Present Medical Conditions**

- None
- Acid Reflux
- Atrial Fibrillation
- Colon Cancer
- Emphysema/COPD
- Gynecological Cancer
- Irritable Bowel Syndrome
- Lupus
- Psychiatric Disease
- Underactive Thyroid
- Anemia
- Barrett's Esophagus
- Crohn's Disease
- Esophageal Cancer
- Heart Disease
- Kidney Disease
- Osteoporosis
- Rheumatoid Arthritis
- Ulcer
- Anxiety/Depression
- Bleeding Disorder
- Diabetes Mellitus
- Gallstones
- Hepatitis
- Kidney Stones
- Pancreatitis
- Seizure disorder
- Ulcerative Colitis
- Arthritis
- Breast Cancer
- Diverticulitis
- Glaucoma
- High blood pressure
- Liver Disease
- Prostate Cancer
- Sleep apnea
- HIV
- Asthma
- Celiac Sprue
- Diverticulosis
- Gout
- High Cholesterol
- Lung Cancer
- Prostate Enlargement
- Stroke

Other: \_\_\_\_\_

**Previous Procedures**

- None
- Appendectomy
- Colonoscopy
- Gastric Bypass/Obesity Surgery
- Hiatal Hernia Repair
- Tonsillectomy
- Blood transfusions
- Colostomy
- Gynecologic Surgery
- Joint Replacement
- Upper Endoscopy
- Caeserean Section
- Defibrillator Placement (AICD)
- Heart Stent
- Orthopedic Surgery
- Other: \_\_\_\_\_
- Cataract Surgery
- ERCP
- Heart Surgery
- Pacemaker Insertion
- Other: \_\_\_\_\_
- Colon Surgery
- Gallbladder Surgery
- Hernia Repair
- Prostate Surgery

**Social History**

Occupation: \_\_\_\_\_

**Marital Status**

- Single
- Married
- Divorced
- Separated
- Widowed
- Civil Union
- Unknown
- Other

**Alcohol**

- None
- Rarely
- Daily
- More than 2 days per week
- Less than 2 days per week
- I quit using alcohol

**Tobacco**

- Smoking Status**
- Current every day smoker
  - Current some day smoker
  - Former smoker
  - Never smoker
  - Smoker, current status unknown
  - Light tobacco smoker
  - Heavy tobacco smoker
  - Unknown if ever smoked

**Drug Use**

- None



## Review Of Systems

<b>Gastrointestinal</b>		<b>Integumentary</b>		<b>Endocrine</b>	
<input type="radio"/> None	Y N	<input type="radio"/> None	Y N	<input type="radio"/> None	Y N
abdominal pain	<input type="radio"/>	itching	<input type="radio"/>	excessive thirst	<input type="radio"/>
abdominal swelling	<input type="radio"/>	Rash	<input type="radio"/>	Cold intolerance	<input type="radio"/>
Belching	<input type="radio"/>			heat intolerance	<input type="radio"/>
Black stools	<input type="radio"/>	<b>Neurological</b>			
Bloating	<input type="radio"/>	<input type="radio"/> None	Y N	<b>Psychiatric</b>	
Blood in stools	<input type="radio"/>	dizziness	<input type="radio"/>	<input type="radio"/> None	Y N
change in bowel habits	<input type="radio"/>	frequent headaches	<input type="radio"/>	anxiety	<input type="radio"/>
constipation	<input type="radio"/>	seizures	<input type="radio"/>	depression	<input type="radio"/>
diarrhea	<input type="radio"/>	Stroke or Paralysis	<input type="radio"/>	difficulty sleeping	<input type="radio"/>
difficulty swallowing	<input type="radio"/>			Memory Loss/Confusion	<input type="radio"/>
gas	<input type="radio"/>	<b>Constitutional</b>			
heartburn	<input type="radio"/>	<input type="radio"/> None	Y N	<b>Hematologic/Lymphatic</b>	
Incontinence to stool	<input type="radio"/>	fever	<input type="radio"/>	<input type="radio"/> None	Y N
jaundice	<input type="radio"/>	Night sweats	<input type="radio"/>	Enlarged glands	<input type="radio"/>
Loss of appetite	<input type="radio"/>	weight gain	<input type="radio"/>	prolonged bleeding	<input type="radio"/>
nausea	<input type="radio"/>	weight loss	<input type="radio"/>		
vomiting	<input type="radio"/>			<b>Musculoskeletal</b>	
Milk Intolerance	<input type="radio"/>	<b>Eyes</b>		<input type="radio"/> None	Y N
Painful bowel movement	<input type="radio"/>	<input type="radio"/> None	Y N	back pain	<input type="radio"/>
		Change in vision	<input type="radio"/>	joint pain	<input type="radio"/>
<b>Genitourinary</b>		Eye pain	<input type="radio"/>	muscle pain	<input type="radio"/>
<input type="radio"/> None	Y N	Dry eyes	<input type="radio"/>		
Blood in urine	<input type="radio"/>			<b>Allergic/Immunologic</b>	
Dark urine	<input type="radio"/>	<b>ENMT</b>		<input type="radio"/> None	Y N
decrease in urine flow	<input type="radio"/>	<input type="radio"/> None	Y N	Ear Infections	<input type="radio"/>
dysuria	<input type="radio"/>	Bleeding gums	<input type="radio"/>	Flu	<input type="radio"/>
frequent urinary infections	<input type="radio"/>	Mouth Sores	<input type="radio"/>	Pneumonia	<input type="radio"/>
frequent urination	<input type="radio"/>	nose bleeds	<input type="radio"/>		
Irregular Menstruation	<input type="radio"/>	sore throat	<input type="radio"/>		
Pain with urination	<input type="radio"/>	Dry Mouth	<input type="radio"/>		
Sexually transmitted disease	<input type="radio"/>	Hoarseness	<input type="radio"/>		
<b>Cardiovascular</b>		<b>Respiratory</b>			
<input type="radio"/> None	Y N	<input type="radio"/> None	Y N		
Angina/Chest Pressure with activity	<input type="radio"/>	cough	<input type="radio"/>		
Ankle swelling	<input type="radio"/>	shortness of breath	<input type="radio"/>		
Irregular Heart Beat	<input type="radio"/>	wheezing	<input type="radio"/>		

## Reviewed with

Patient
  Parent
  Guardian
  Not Present