MATHER GASTROENTEROLOGY
Harbor View
MEDICAL SERVICES, PC
A proud member of Mather Hospital/Northwell Health

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Pre-Visit Medical History Form

Past Medical History

Past Surgical History

Medications

Review of Systems

Yes	No	
☐	☐	Loss of Appetite
☐	☐	Loss of >5 pounds
☐	☐	Eye Problems
☐	☐	Ear Problems
☐	☐	Sore Throat
☐	☐	Nose Problems
☐	☐	Sinus Problems
☐	☐	Skin Rashes
☐	☐	Chest Pain
☐	☐	Palpitations
☐	☐	Shortness of Breath
☐	☐	Swelling of ankles
☐	☐	Cough with sputum
☐	☐	Arthritis
☐	☐	Loss of consciousness
☐	☐	Headache
☐	☐	Weakness Arms/Legs
☐	☐	Dizziness
☐	☐	Depression
☐	☐	Psychiatric Illness
☐	☐	Gynecological Problems
☐	☐	Problems with Urination

Allergies

Family History Colon Cancer Yes / No Stomach Cancer Yes / No Esophageal Cancer Yes / No

Social History. Smoking Yes / Former (Quit Date___/___/_____ Yrs Smoked_____) / No
Alcohol Use Yes (Daily Amount_____) / No
Recreational Drugs Yes (Please List Below) / Former Use (Quit Date ___/___/____) / No