

Green Mountain Gastroenterology

Mountain View Physician's Center (Building "B")
195 Hospital Loop Ste 7, Berlin, VT 05602

Phone 802-229-9144 Fax 802-223-1697
www.gmgivt.com

Eric Asnis, MD

Andrew Minkin, MD

Patient Name _____

Date _____

Personal Health History

Please list, in chronological order, any major illnesses or surgeries **you have ever had**.

Nature of the Problem	Date

Allergies: _____

Medications

Please list all prescription and non-prescription medicines you take on a regular basis. Include aspirin, pain relievers (such as Advil or Motrin), birth control pills, etc. If your list is longer than the space provided, please bring a list with you.

Prescription Name / Dose / Frequency	Non-Prescription Name / Dose / Frequency

Social History

Occupation: _____ Marital Status: (married / single)

Personal Habits

Do you smoke? (yes / no) If yes, what and how often? _____

Did you smoke? (yes / no) If yes, when did you quit? _____

Consume caffeine? (yes / no) If yes, how many cups a day (include tea, coffee, soft drinks)? _____

Drink alcoholic beverages?(yes / no) If yes, how much per day or per month (include beer, wine, liquor, etc.)? _____

Have you ever, or do you now, use IV drugs? _____

If any blood relatives have one or more of the following, please indicate on the grid below.

	cancer of colon or rectum, pancreas, liver or gall bladder	colon polyps	inflammatory bowel disease (ulcerative colitis, crohn's disease)	peptic ulcer disease
Mother				
Father				
Sister				
Brother				
Other (please indicate)				