

DATE _____

Name: _____ Primary Physician: _____

Date of Birth: _____ Age _____

Who referred you here? _____ To whom do you wish a report sent? _____

State in your own words the major medical reason(s) for coming in _____

Please list all medications you use (prescription, over-the-counter, aspirin, Laxatives, fiber additives) _____

Family history: please indicate the health or cause of death of members of your family as best you can. Be sure to indicate which relatives have had the following: colon cancer or polyps, colitis or ileitis, hemorrhoids or rectal disease.

	Age, if Living	Age at Death	Indicate any serious diseases or illnesses	Cause of Death
Mother	_____	_____	_____	_____
Father	_____	_____	_____	_____
Brothers	_____	_____	_____	_____
Sisters	_____	_____	_____	_____
Children	_____	_____	_____	_____
Spouse	_____	_____	_____	_____
Others	_____	_____	_____	_____

Patient History:

Operations	Approximate date	Physician	Hospital
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Serious illnesses _____

Other hospitalizations _____

Barium enema (lower GI) or colonoscopy _____

APPLY PATIENT LABEL HERE