UC Irvine Health
Pediatric Gastroenterology and Nutritional Services
1140 W. La Veta Ave., Suite 750, Orange, CA 92868 Phone: 714-581-4401

Patient Last Name:	Patient First Name:	MI:	Date of Birth:

Mother:	Occupation:	List Siblings (Age&Sex):
Father:	Occupation:	Who does the patient live with?
Primary Care Physician:		Other Doctors:
Reason for Visit:		

Patient History

	Yes	No		Yes	No		Yes	No		Yes	No
Immunization Current			Trouble Swallowing			**Neurologic**			**Ear, Nose & Throat**		
Birth History			Vomiting			Migraines			Multiple Canker sores		
Full Term			**Cardiac**			Previous Stroke			Loose Teeth (Abnormal)		
Premature			High Blood Pressure			Seizures			Deafness		
Meconium 1st 24 hours			Low Blood Pressure			Weakness			Ear Infection		
Birth Weight			Murmur			**Musculoskeletal**			Nosebleeds		
Birth Length			**Respiratory**			Arthritis			Sinus Infection		
Gastrointestinal			Asthma			Joint Pain			**Psychosocial**		
Acid Reflux			Bronchitis			Muscle Disease			Alcoholism		
Abdominal Pain			Chronic Cough			Neck/Back Pain			Anxiety Disorder		
Black Stools			Hoarseness			**Blood Disorder**			Depression		
Bloating			Pneumonia			**Skin**			Eating Disorder		
Constipation			Tracheostomy			Bruises			Exposure To Smoke		
Diarrhea			**Genitourinary**			Rashes			Substance Abuse		
Gas			Kidney Disease			**Ophthalmic**					
Heartburn			Urine Infection			Blindness			Other		
Nausea			**Endocrine/Metabolic**			Cataracts					
Rectal Bleeding			Thyroid Disorder			Glaucoma					

Past History

Surgeries:/Date	**Hospitalization other than surgery/Date**
1.	1.
2.	2.

Medications and Allergies

	Medication	**Dose**	**How many times a Day**
Current Medications:	1.	1.	1.
	2.	2.	2.
	3.	3.	3.

	Allergy	**Reaction**	**Allergy**	**Reaction**
Allergies: (Including Environment, Medication & Food)	1.		4.	
	2.		5.	
	3.		6.	

Family History: Include Relationship to Patient

Condition	**Yes**	**No**	**Relation to Patient**	**Condition**	**Yes**	**No**	**Relation to Patient**
Allergies (Any)				Diabetes Mellitus			
Asthma				GERD			
Bleeding Problems				H Pylori			
Celiac Disease				Irritable Bowel Syndrome			
Colon Cancer				Peptic Ulcer Disease			
Colon Polyps				Thyroid Problems			
Crohns' Disease				Ulcerative Colitis			
Cystic Fribrosis				Other			

Person Completing This Form: _____ Relationship to Patient: _____

Signature: _____ Date: _____