Gastroenterology Center of Connecticut
A Division of PCAT

www.gastrocenter.org
p: 203.281.4463
f: 203.287.2930

Welcome back to Gastroenterology Center of Connecticut!

Welcome back to our practice and thank you for again choosing us for your medical care. To continue providing you with high quality service, we ask that you complete the enclosed **Patient History Form** and return them to us in the envelope provided.

Prior to your appointment, please mail the completed **Patient History Form** back to us in the enclosed envelope. Please also note, if your insurance company requires a formal referral from your primary care physician, you must verify that the referral is in place prior to your appointment or your appointment will be rescheduled.

A few days prior to your appointment, you will be receiving a reminder phone call from our automated confirmation system.

On the day of your appointment, make sure to have your insurance card and driver's license with you. When you check-in, we will make a copy of both and collect the co-pay required by your insurance plan (if applicable). For your convenience, we accept cash, check, MasterCard and Visa. Please note that your appointment may be rescheduled if your co-pay is not paid at the time of your visit.

If you have any questions before your appointment, please contact us at (203) 281-4463.

For additional information about our practice or gastroenterology in general, please visit our website at www.gastrocenter.org

We look forward to meeting you on,

Appt. Date	
Time	
Provider Name	
Office	

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Questions?
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Complete Patient History Form

Please complete this history form, which will allow us to better serve your health needs. The health information you provide is subject to the privacy provision of federal HIPAA regulations.

Name:_____ DOB:_____

Phone numbers – please circle preferred: Home:_____ Cell:_____ Work:_____

Is it permissible to leave messages at above numbers? ☐ No ☐ Yes

Is it permissible to leave messages with people other than yourself, if so please specify who? _____

Do you have a medical power of attorney or conservator? ☐ No ☐ Yes

If yes, please give name and number_____

Pharmacy: _____ Address: _____ Phone Number: _____

What is the reason for your visit? _____

How were you referred to us? _____
_____

Race *(Please check the appropriate answer)*

☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Patient Declined/Info Unavailable

Ethnicity *(Please check the appropriate answer)*

☐ American Indian/Alaskan Native ☐ Asian ☐ White
☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ More than one Ethnicity
☐ Patient Declined/Info Unavailable

→ **Please attach a list of the medications you take to your visit including over-the-counter medications and complementary or herbal supplements.**

→ **Do you have any drug, injection, or food allergies:** ☐ No ☐ Yes

If yes, please list with type of reaction _____
_____

→ **Past Medical History?**

☐ Alcoholism	☐ Congestive heart failure	☐ Hepatitis	☐ Pancreatitis
☐ Anemia	☐ COPD	☐ Hyperlipidemia	☐ Parkinson's disease
☐ Arthritis	☐ Coronary artery disease	☐ Hypertension	☐ Peptic ulcer disease
☐ Asthma	☐ Crohn's disease	☐ Irritable bowel syndrome	☐ Prostate cancer
☐ Blood transfusion	☐ Cerebrovascular accident	☐ Kidney disease	☐ Prostate hyperplasia, benign
☐ Celiac disease	☐ Diabetes mellitus	☐ Kidney stones	☐ Seizure disorder
☐ Cholelithiasis	☐ Diverticular disease	☐ Liver cancer	☐ Thyroid disease
☐ Chronic renal failure	☐ Exposure to hepatitis	☐ Liver disease	☐ Ulcerative Colitis
☐ Cirrhosis	☐ GERD	☐ Migraine headaches	☐ Varicies-esophageal
☐ Colon cancer	☐ Gout	☐ Obesity	☐ Varicies- gastric
☐ Colon polyps	☐ Hemochromatosis-hereditary	☐ Obstructive Sleep Apnea	

→ **Do you have any active infections (such as MRSA, tuberculosis, VRE, or Clostridium difficile)?** ☐ No ☐ Yes

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→ **Past Surgical History**

	Year		Year
☐ Angioplasty	_____	☐ Knee replacement	_____
☐ Angio w/ stent	_____	☐ Liver biopsy	_____
☐ Appendectomy	_____	☐ ORIF	_____
☐ Back Surgery	_____	☐ Pacemaker	_____
☐ CABG	_____	☐ Small bowel resection	_____
☐ Carpal tunnel release	_____	☐ Thyroidectomy	_____
☐ Cholecystectomy	_____	☐ Bilateral tubal ligation	_____
☐ Colectomy	_____	☐ Cesarean section	_____
☐ Colostomy	_____	☐ Hysterectomy	_____
☐ Gastric Bypass	_____	☐ Mastectomy	_____
☐ Hernia Repair	_____	☐ TAH/BSO/Total Hysterectomy	_____
☐ Hip replacement	_____	☐ Vaginal hysterectomy	_____

→ **Procedural History: Have you had any of the following procedures or recent testing? If so, when?**

☐ Colonoscopy_____ ☐ Abdominal ultrasound_____ ☐ Barium Enema_____
☐ Sigmoidoscopy_____ ☐ Abdominal CAT scan_____
☐ Upper Endoscopy_____ ☐ Upper GI Series_____

→ **Social History:** Marital Status:_____ Number of children:_____ Occupation:_____

Tobacco	**Alcohol**
☐ Current Every day Smoker	☐ No
☐ "Someday" Smoker	☐ Yes
☐ Smoker, Current status unknown	☐ Formerly
☐ Never Smoker	Type: _____
☐ Former Smoker	Frequency: _____
☐ Unknown if ever smoked	Amount: _____

→ **Family Medical History:** ☐ No knowledge of family history

Is there any family history of:

Celiac Disease ☐ No ☐ Yes (who?) _____

Colon Cancer ☐ No ☐ Yes (who?) _____

Colon Polyps ☐ No ☐ Yes (who?) _____

Crohn's Disease ☐ No ☐ Yes (who?) _____

Liver disease
(Cirrhosis or Hepatitis) ☐ No ☐ Yes (who?) _____

Ulcerative Colitis ☐ No ☐ Yes (who?) _____

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→ **Have you had any of these symptoms in the past six months? (Mark those that apply)**

Constitutional
☐ Change in appetite
☐ Chills/rigors
☐ Fatigue
☐ Fever
☐ Ill feeling
☐ Night sweats

HEENT
☐ Double vision
☐ Eye pain
☐ Eye Redness
☐ Hearing loss
☐ Nose bleed
☐ Painful swallowing
☐ Sore throat
☐ Taste change
☐ Vision loss

Respiratory
☐ Cough
☐ Coughing up blood
☐ Shortness of breath
☐ Sputum
☐ Wheezing

Cardiovascular
☐ Chest pain
☐ Edema/Swelling
☐ Irregular heartbeat/Palpitations
☐ Shortness of breath

Gastrointestinal
☐ Abdominal mass
☐ Abdominal pain
☐ Bloating
☐ Blood in stool
☐ Change in bowel habits
☐ Constipation
☐ Diarrhea
☐ Dysphagia/difficulty swallowing
☐ Flatulence/gas
☐ Heartburn
☐ Melena/black tarry stool
☐ Nausea
☐ Rectal bleeding
☐ Vomiting

Genitourinary
☐ Decreased urine output
☐ Frequent Urination
☐ Hematuria/blood in urine

Neurologic
☐ Dizziness
☐ Focal weakness
☐ Lightheadedness
☐ Seizures
☐ Tremors

Psychiatric
☐ Depression
☐ Difficulty sleeping
☐ Psychiatric symptoms

Skin
☐ New or changing skin lesions
☐ Hives
☐ Pigment change
☐ Pruritus/itching
☐ Rash

Musculoskeletal
☐ Back pain
☐ Muscle weakness
☐ Myalgia/muscle pain
☐ Joint pain
☐ Muscle cramps

Hematologic/Lymphatic
☐ Easy bruising
☐ Easy bleeding

_____ _____
Patient (or parent/guardian) signature Date

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Directions to Our Offices

Guilford Office

Gastroenterology Center of Connecticut
Sound Medical Center
1591 Boston Post Road Suite 206
Guilford, CT 06437

Directions

From New Haven

I-95 North to exit 57 Turn right onto the Boston Post Road. Turn left into the Sound Medical Center.

From Shoreline East

I-95 South to Exit 57 Turn left onto the Boston Post Road. Turn left into the Sound Medical Center.

Hamden Office

Gastroenterology Center of Connecticut
Spring Glen Medical Center
2200 Whitney Avenue Suite 360
Hamden, CT 06518

Directions

From New Haven

Follow Whitney Ave. North just past Skiff St to the Spring Glen Medical Center on the left.

From Shoreline East or West

I-91 to Exit 10 (route 40) to Exit 1 take your first 2 lefts, then a right on Dixwell Avenue, at the 4th traffic light take a left on Whitney Avenue. Go under the Wilbur Cross Parkway overpass turn right into the Spring Glen Medical Center.

From Wilbur Cross Parkway

Route 15 (Wilbur Cross Parkway) Exit 61
From the SOUTH: turn left onto Whitney Avenue Spring Glen Medical Center is the 1st building on the right.
From the NORTH: turn right onto Whitney Avenue Spring Glen Medical Center is the 1st building on the right.

Milford – Commerce Park Office

Gastroenterology Center of Connecticut
40 Commerce Park
Milford, CT 06460

Directions

From Shoreline East

I-95 South to Exit 39A which merges onto Route 1. At the fork of Route 1 & Cherry Street, bear left onto Cherry Street, Turn left onto Commerce Park, Turn right at 40 Commerce Park.

From Shoreline West

I-95 North to Exit 39A which merges onto Route 1. At the fork of Route 1 & Cherry Street, bear left onto Cherry Street, Turn left onto Commerce Park, Turn right at 40 Commerce Park.