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## **Patient Interview Form**

Name

Address

Patie	ent Informatio	n									
First N	ame:				Last Name:	Last Name:					
Date C	of Birth:				Age:						
Email Please	D .		ed email for communi		O Work	·					
Race Select	one or more										
0	White	0	Black or African American	0	Asian	0	American Indian or Alaska Native	0	Native Hawaiian or Other Pacific Islander		
0	Other Race	0	Unknown	0	Patient declines to specify	0	Prohibited by state law				
Ethnic	eity										
0	Hispanic or Latino	0	Not Hispanic or Latino	0	Patient declines to specify	0	Prohibited by state law	0	Unknown		
Conta	ct Preference										
0	Letter	0	Email	0	No Preference	0	Patient declines to specify	Other			
Prefer	red Language										
-	English	0	Patient declines to specify								
Aller	gies										
0	Patient has no know	n allerç	gies	0	Patient has no know	n drug	allergies				
Food		0	Peanuts	0	Shellfish	0	Eggs	0	Soy		
<b>A</b>	T. C.	0	Dairy	Other:		_					
<b>⊗</b> Me	edications	0	Sulfa (Sulfonamide Antibiotics)	$\circ$	Penicillins	Other	:	-			
Phar	macy										

rent Medications  None  Barels  St or Present Medical Conditions  None  Dose  How taken?  Barrels  Barels		
st or Present Medical Conditions  None    Asthra		
st or Present Medical Conditions  None Acid Reflux Anxiety disorder Asthma Atrial Fibrillation Barrets Esophagus Co.P.D. Corbris Dise Esophagus Colon polyps Co.P.D. Corbris Dise Colon polyps Co.P.D. Corbris Dise Colon polyps Co.P.D. Corbris Dise Elevated Cholesterol High blood prossure Ancethosia: Please prossure More Prolapse/MR Ancethosia: Please poly Prolapse/MR Ancethosia: Please poly Prolapse/MR Ancethosia: Please poly Prolapse/MR Alzheimer Alzheimer Parkinsons Alzheimer Parkinsons Alzheimer Parkinsons Alzheimer Parkinsons Please Rejectly type:  None Appendectomy Back Surgery Bladder Surgery Colon Resect When: W	ent Medications	
St or Present Medical Conditions  None  Acid Reflux	None	
None	Dose How taken?	
None		
None	or Present Medical Conditions	
Acid Reflux		
Hemophilia Ulcerative Colitis Colon polyps C.O.P.D. Crohn's Dise Depression Diabetes Mellitus Diverticulitis Elevated cholesterol Glaucoma Heart Disease History of Hepatitis High blood pressure Liver Disease Mitral Valve Prolapse/MR Hepatitis C Pacemaker Problems with Anesthesia: Please specify type: Seizures Stroke Thyroid disorder Tuberculosis Cancer: Pleas Specify type: I schemic Vascular Disease (IVD) I schemic Vascular Disease (IVD) I End-stage renal disease Palliative care patient Hospice care patient  Ponder Procedures  None  Appendectomy Back Surgery Bladder Surgery Cataract surgery Colon Resease (IVD) Disease (IVD)  Back Surgery Bladder Surgery Men: When:		
Hemophilia		
Glaucoma		-
Glaucoma		nysema
Liver Disease		N. Disease
Prolapse/MR  Prolapse/MR  Anesthesia: Please speci Please specif type: Specify type: Parkinsons  Nursing hom resident President President Please specif to spec	B pressure	ey Disease
Please specify type:    Seizures	O i decinates O i februares	
Ischemic Vascular Disease (IVD)		
Ischemic Vascular Disease (IVD)	Seizures O Stroke O Thyroid disorder O Tuborculosis O Const	or: Dloose
Disease (IVD) immunodeficiency virus infection (HIV)   End-stage renal disease   History of falling   Dependence on supplemental oxygen   Palliative care patient   Hospice care patient   Colon Research   Procedures   Appendectomy   Back Surgery   Bladder Surgery   Cataract surgery   Colon Research   Colon Research   Colon Research   Colon Research   Hospice care patient   Colon Research   Colon Research	O my ora discrete O reportediosis O carried	
Disease (IVD) immunodeficiency virus infection (HIV)   End-stage renal disease   History of falling   Dependence on supplemental oxygen   Palliative care patient   Hospice care patient   Colon Research   Procedures   Appendectomy   Back Surgery   Bladder Surgery   Cataract surgery   Colon Research   Colon Research   Colon Research   Colon Research   Hospice care patient   Colon Research   Colon Research	Ischemic Vascular	
End-stage renal disease  History of falling Dependence on wheelchair  Palliative care patient  Hospice care patient  Hospice care patient  Palliative care patient  Hospice care patient  Bladder Surgery Cataract surgery Colon Research Colon Resear	Disease (IVD) immunodeficiency	IISUIIS
End-stage renal disease  History of falling Dependence on wheelchair Dependence on supplemental oxygen  Palliative care patient  Hospice care patient  Hospice care patient  Back Surgery Bladder Surgery Colon Research Dependence on supplemental oxygen  Nursing hom resident  Palliative care patient  Whone  Appendectomy Back Surgery Bladder Surgery Colon Research When: Whe		
disease wheelchair supplemental oxygen resident  Palliative care patient Hospice care patient  Policy Procedures  None  Appendectomy Back Surgery Bladder Surgery Cataract surgery Colon Resease When: When: When: When: When: When: Liver Biopsy Drostate When: W	End-stage renal	ng home
Palliative care patient	disease wheelchair supplemental reside	
Patient patient patient  Procedures  None  Appendectomy Back Surgery Bladder Surgery Cataract surgery Colon Research  D and C Gallbladder Hernia Repair Hysterectomy Liver Biopsy  Men: When: When: When: When: When: When: When: Tonsillectomy Tubal Ligation  Breast: Surgery- When: Whe	Palliative care Hospice care	
Appendectomy Back Surgery Bladder Surgery Cataract surgery Colon Research    Appendectomy Back Surgery Bladder Surgery Colon Research   Dand C Gallbladder removed When: When: When: Liver Biopsy   When: Wh	patient patient	
Appendectomy Back Surgery Bladder Surgery Cataract surgery Colon Research    Appendectomy Back Surgery Bladder Surgery Colon Research   Dand C Gallbladder removed When: When: When: Liver Biopsy   When: Wh		
Appendectomy Back Surgery Bladder Surgery Cataract surgery Colon Resection    Dand C Gallbladder removed   When: When: When: When: Liver Biopsy	ious Procedures	
n: When: When: When: When: When: When: Liver Biopsy n: When:	None	
D and C Gallbladder removed When: Wh	Appendectomy Back Surgery Bladder Surgery Cataract surgery Colon	Resection
D and C Gallbladder removed When: Wh	When: When: When:	
n:When:When:When:When:When:	D and C Gallbladder Hernia Repair Hysterectomy Liver E	Biopsy
Mastectomy Open Heart Prostate Tonsillectomy Tubal Ligation Breast: Surgery-  Right/Left/Both When: When: When: When:	When: When: When:	
Breast: Surgery- Right/Left/Both When:When:When:	Mastectomy Open Heart Prostate Tonsillectomy Tubal	Ligation
when:	Breast: Surgery-	
0.	when:	
Wisdom Teeth Other surgeries Other:	Wisdom Teeth Other surgeries	

Diagnostic Studi	es/Tests							
None					= -			
Colonoscopy	O EC	<b>GD</b>	0	Flexible fiberoptic	0	Fecal Occult Stool		
When:	When:			sigmoidoscopy		Test		
			When		When	):	-	
Immunizations								
None								
Pneumonia		u Shot	$\circ$	SARS-CoV-2 vaccination				
When:	When:		When	•				
			••••	*				
<b>Social History</b>								
Occupation:				Number of	Childrer	1:		
Marital Status								
Single	O M	arried	0	Divorced	0	Separated	0	Widowed
Civil Union	O Ur	nknown	0	Other				
Caffeine								
O None								
Yes	Intake:					***************************************		
Alcohol								
None								
Type								
beer			Quar	ntity	N	Number		Frequency
liquor					**			
wine			ACCESS OF THE OWNER, NAME OF					
_			***************************************					
Exercise								
None								
Туре								
			Num	ber				
○ Yes								
Tobacco								
Smoking Status		rrent every day	0	Current some day	0	Former smoker	0	Never smoker
		oker oker, current		smoker Light tobacco		Heavy tobacco		Unknown if ever
		itus unknown	$\sim$	smoker	$\cup$	smoker	$\cup$	smoked
Туре			Quit		0			F
			Quit		Q	uantity		Frequency
Chewing Tobacco					***************************************			
			***************************************					
Drug Use								
O None								
Type			ortenia arroma					
marijuana			Numb	per				
other illicit drugs			***************************************					
AND THE RESERVE OF THE PARTY OF								

Family Medical H	History								
No knowledge of	family history								
No family history of	Colon Cancer			0	Colon Poly	ps			
						Grandmother	Grandfather	Grandmother	Grandfather
		Mother	Father	Sister	Brother	Paternal	Paternal	Maternal	Maternal
Health Status									
Age/Date of Birth Alive Deceased/At Age		 o	0	_ _ _ _	_ _o_	_ _ _ _	_ _ _ _	 o	_ _ _
Cause of Death									
Diagnoses									
History of Cancer: type_		0	0	0	0	0	0	0	0
History of Heart Disease	e (heart attack, heart failure)	0	0	0	0	0	0	0	0
History of Colon Cancer		0	0	0	0	0	0	0	0
History of Strokes		0	0	0	0	0	0	0	0
History of Diabetes		0	0	0	0	0	0	0	0
History of High Blood Pr	ressure	0	0	0	0	0	0	0	0
Other:		0	0	0	0	0	0	0	0
Consent to Shar	e Data								
I consent to having m	y medical and demographic	information	shared wi	th other he	ealth care	entities.			
◯ Yes	O No								
Signature									
Signature			Date						
Reminder Prefer	rence								
I would like to receive	preventive care and follow	up care rem	inders.						
O Yes	O No								
Reviewed with									
Patient	O Parent	Guard	dian		Not Present	-	and the second of the second o		