

San Diego Gastroenterology Medical Associates

A Medical Corporation

Robert Epstein, MD; Kevin Haynes, MD; Gary de la Pena, MD; Suja DuBois, MD Sally Stipho MD
4060 Fourth Avenue, Suite 240 San Diego, California 92103
Telephone (619) 291-6064 FAX (619) 291-3078
www.sandiegogastro.com

NEW PATIENT INFORMATION PACKET

PLEASE NOTE: It is our policy to reserve your appointment time specifically for you and we strive to see all patients in a timely manner. Please understand that if you are not prepared for your appointment, it may need to be rescheduled. You must arrive on time and prepared, your forms must be completed; you must have your insurance documents and be prepared to pay any deductible, co-pay or coinsurance amounts due. You must cancel 2 working days in advance to avoid any missed appointment charges.

LAST NAME: _____ FIRST _____ M.I.: _____ M: F:

ADDRESS: _____ CITY _____ ZIP _____

HOME PHONE: _____ CELL PHONE _____

EMAIL: _____

BIRTHDAY: ____ ____ ____ AGE ____ HT. ____ WT. ____ Social Security # ____ ____ ____

OCCUPATION _____ EMPLOYER _____ WK. PH. _____

MARITAL STATUS: SINGLE MARRIED WIDOWED DIVORCED SIGNIFICANT OTHER

SPOUSE'S NAME: _____ AGE ____ Social Security # ____ ____ ____

SPOUSE'S EMPLOYER: _____ PHONE _____

REFERRED BY: _____

IN THE EVENT OF AN EMERGENCY, WHO ARE WE AUTHORIZED TO CONTACT?:

NAME: _____ PHONE NUMBER: _____

PLEASE SIGN HERE _____ ALLOWING US TO DISCUSS
YOUR MEDICAL/HEALTH CARE ISSUES WITH THIS DESIGNATED PERSON.

INSURANCE INFORMATION (PLEASE PROVIDE US WITH YOUR CARD)

PRIMARY INSURANCE: _____

YOUR INSURANCE: _____

SECONDARY: _____

I AUTHORIZE PAYMENTS OF INSURANCE BENEFITS TO SAN DIEGO GASTROENTEROLOGY
MEDICAL ASSOCIATES. I AUTHORIZE SDGMA TO RELEASE MEDICAL INFORMATION NEEDED
TO PROCESS CLAIMS TO MY INSURANCE COMPANY:

PATIENT'S SIGNATURE _____ **DATE:** _____

San Diego Gastroenterology Medical Associates

A Medical Corporation

Robert Epstein, MD; Kevin Haynes, MD; Gary de la Pena, MD; Suja DuBois, MD Sally Stipho MD
4060 Fourth Avenue, Suite 240 San Diego, California 92103
Telephone (619) 291-6064 FAX (619) 291-3078
www.sandiegogastro.com

Health Questionnaire

NAME: _____ AGE: _____ . DATE: _____

Primary Care Physician: _____ Referring Physician: _____

Primary reason for office visit: _____

Please circle any of the following **MEDICAL PROBLEMS** that you have had:

arthritis	depression	high blood pressure
asthma	emphysema	irregular heart beat
artificial heart valve	gallstones	irritable bowel syndrome
blood clots	gout	pancreatitis
cancer : type _____	heart attack	seizure disorder
cirrhosis	heart murmur	stroke
colitis -ulcerative colitis -crohn's disease	heartburn reflux	thyroid problem
colon polyps	hemorrhoids	tuberculosis
diabetes	hepatitis	ulcers
Other medical problems not listed above:	_____ _____ _____	

Please list all **hospitalizations** and **surgeries** with dates:

1.

2.

3.

San Diego Gastroenterology Medical Associates

A Medical Corporation

Robert Epstein, MD; Kevin Haynes, MD; Gary de la Pena, MD; Suja DuBois, MD Sally Stipho MD
4060 Fourth Avenue, Suite 240 San Diego, California 92103
Telephone (6 19) 29 1-6064 FAX (619) 291-3078
www.sandiegogastro.com

4.	
Please list the prescription medications and dosages you are currently taking: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____	Please list the prescription medications and dosages you are currently taking: 6. _____ 7. _____ 8. _____ 9. _____ 10. _____
Please list any DRUG ALLERGIES: Check (√) if none () _____ _____ _____ _____ _____	

Have you had a prior colonoscopy? _____ Upper endoscopy? _____

Circle the **X-RAYS** that you have had recently of your abdomen:

CT scan Upper GI Ultrasound MRI Small Bowel Series

IMMUNIZATIONS: Hepatitis A? _____ Hepatitis B? _____

Have you received a transfusion?: _____ Approx Date: _____

SOCIAL HISTORY:

Marital status? Please **circle** one of the following:

single married widowed divorced separated domestic partner

Do you have children? Yes No How many? _____

Please list your current occupation: _____

Do you drink alcohol? Yes No

San Diego Gastroenterology Medical Associates

A Medical Corporation

Robert Epstein, MD; Kevin Haynes, MD; Gary de la Pena, MD; Suja DuBois, MD Sally Stipho MD
4060 Fourth Avenue, Suite 240 San Diego, California 92103
Telephone (6 19) 29 1-6064 FAX (619) 291-3078
www.sandiegogastro.com

Number of drinks per week:_____ For how long?_____

Do you use tobacco? Yes No

Amount per day on average:_____How many years? _____Quit date, _____ if applicable

FAMILY HISTORY:

Do you have family members with any of the following? (Please check box and list family member, age of onset, and specific disease if known)

- Heart disease Diabetes High blood pressure
- Colon polyps or colon cancer Liver disease
- inflammatory bowel disease (Crohn's/ Ulcerative colitis)
- other

REVIEW OF SYSTEMS:

Recently, have you had significant ... ?(Please check box)

General:

- weight loss weight gain fever change in appetite night sweats excessive fatigue

Skin:

- skin sores, rashes or bumps changes in skin or hair itching

Eyes, Ears, Nose, Mouth and Throat:

- hearing trouble hoarse voice trouble seeing mouth ulcers

Cardiac:

- chest pain and swelling irregular heart beat abnormal EKG

Respiratory:

- shortness of breath wheezing or asthma cough

Gastrointestinal:

- stomach pain heartburn trouble swallowing nausea vomiting
- diarrhea constipation blood in stool

San Diego Gastroenterology Medical Associates

A Medical Corporation

Robert Epstein, MD; Kevin Haynes, MD; Gary de la Pena, MD; Suja DuBois, MD Sally Stipho MD
4060 Fourth Avenue, Suite 240 San Diego, California 92103
Telephone (619) 291-6064 FAX (619) 291-3078
www.sandiegogastro.com

REVIEW OF SYSTEMS: (Cont.)

Genitourinary:

pregnant painful urination blood in urine excessive menses

Musculoskeletal:

pain in muscles, bones or joints back pain or stiffness

Hematologic/Lymp/Immunologic:

easy bruising or bleeding anemia enlarged lymph nodes

Neuro/Psychiatric:

depression anxiety weakness or numbness loss of consciousness dizziness

NOTE: You must cancel 2 working days in advance to avoid any charges.

For Doctors/Office Use Only	
Discussed and reviewed with patient	
Doctor's Initials:	

San Diego Gastroenterology Medical Associates

A Medical Corporation

Robert Epstein, MD; Kevin Haynes, MD; Gary de la Pena, MD; Suja DuBois, MD Sally Stipho MD

4060 Fourth Avenue, Suite 240 San Diego, California 92103

Telephone (619) 291-6064 FAX (619) 291-3078

www.sandiegogastro.com
