

SOUTHWEST GASTROENTEROLOGY ASSOCIATES
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Gastroenterology New Patient/ Update Form

Please bring completed form with you to your appointment.

Patient's name: _____ Date of Birth: _____ Age _____ Today's Date: _____
 Referring Physician _____ Primary Care Physician _____
 Problem or Reason for your visit _____

Past Medical History (which of the following conditions are you currently being treated or have been treated for in the past?)

Acid Reflux	Hemorrhoids	Arrhythmia	Anemia
Stomach Ulcers	Anal Fissure	Hypertension	Bleeding Disorder
Cohn's Disease	Hepatitis B	History of Endocarditis	Blood Clots
Ulcerative Colitis	Hepatitis C	Emphysema/COPD/ Asthma	History of blood transfusion
Irritable Bowel Syndrome	Gallstones	Diabetes	Cancer (specific type)
Colon Cancer	Liver Problems	Stroke	Other:
Colon Polyps	Pancreatitis	Seizure Disorder	Organ Transplants:
Diverticulitis	Heart Attack	Kidney Disease	

Past Surgical History (include year surgery was performed)

Colon Resection	Hemorrhoidectomy	Artificial heart valve
Small Bowel Resection/ surgery	Gastric bypass	Joint replacement
Appendectomy	Pacemaker	Hysterectomy
Cholecystectomy (gall bladder surgery)	Defibulator	Other:

Past GI Procedures and Tests

	Year & Where it was performed	Results if known
Colonoscopy		
Upper Endoscopy		
Sigmoidoscopy		
Abdominal CT		
Abdominal Ultrasound		
Other		

Allergies

Are you allergic to any medication? Yes No If yes please describe including reaction _____

Have you ever had a reaction to anesthetic? Yes No. If yes please describe _____

Are you allergic to Latex? Yes No Any other allergies (List and give reaction) _____