

**T.M. KALRA, M.D.**  
A PROFESSIONAL CORPORATION

## GASTROENTEROLOGY HISTORY & PHYSICAL

Date: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

### MEDICAL HISTORY:

#### GASTROINTESTINAL

Y N

Alcoholism		
Abdominal Pain		
Right upper abdominal		
Right lower abdominal		
Left upper abdominal		
Left lower abdominal		
Mid-Upper abdominal		
Black Stool		
Constipation		
Crohn's Disease		
Diarrhea		
Heartburn		
Jaundice		
Kidney Disease		
Liver Disease		
Nausea or Vomiting		
Pancreas Disease		
Rectal Bleeding		
Trouble Swallowing		
Ulcers - Stomach & Duodenal		

#### PULMONARY

Y N

Asthma		
Cough/Bronchitis		
COPD		
Diabetes		
Heart rhythm disturbance		
Heart valve replacement		
Sleep Apnea		

#### HEMATOLOGY

Y N

Anemia		
Blood disorders or easy bruising		

#### ENDOCRINE

Y N

Diabetes		
Menstrual Problems		
Thyroid Problems		

#### PSYCHOLOGICAL

Y N

Anxiety		
Depression		

#### CARDIAC

Y N

Chest Pain / Angina		
Congenital heart disease		
Congestive heart failure		
Heart attack/Stent/Bypass		
Heart rhythm disturbance		
Heart valve replacement/disease/infection		
High Blood Pressure (Hypertension)		
History use of Coumadin or Blood thinners		

#### HABITS

Y N

Smokes		
how long?		
Alcohol		
how many drinks per wk?		
Diet		
(i.e.. Low-carb/fat)		
Exercise		
frequency?		

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**MEDICATION LIST**

Medication	Dosage	Frequency	Start Date	End date

Allergies:

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Surgeries and Previous Procedures:

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Family History: