South Oakland
Gastroenterology Associates
Board Certified in Gastroenterology and Internal Medicine

Michael Biederman, D.O., M.A.C.O.I, F.A.C.C.
Steven Klein, D.O., F.A.C.O.I.
Mariquit D. Sendelbach, D.O.
Katie Sumnicht, D.O.
William Raminick, D.O., F.A.C.O.I.

PATIENT HISTORY AND REVIEW OF SYSTEMS

Name: ____ Date: ______________

Date of Birth : _____________________ Sex: ____________

Occupation: _________________________________ Marital Status : M S W D Children? _____

Please describe the reason for your visit: ____

____

Smoker? No or Yes__ packs/day | **Alcohol?** No or Yes ___drinks/week | **Illicit Drugs?** No or Yes

Are you having any of the following symptoms? (Circle all that apply)

Nausea/Vomiting	Black stools	Bloody stools	Abdominal pain	Diarrhea
Heartburn	Difficulty swallowing	Weight loss	Constipation	Yellow skin

Do you have any of the following medical conditions? (Circle all that apply)

Heart disease	Lung disease	Diabetes	Stroke	Other:
High blood pressure	Kidney disease/dialysis	Liver disease/hepatitis	Cancer	
Anxiety/Depression	Inflammatory bowel	Neurological disease	Disease	

Please describe any conditions circled above: ____

____

Allergies: ____

Current Medications: ____

____

Surgery	Year

Family History

Has anyone in your family had the following, if so please list the relationship

Condition	Relationship	Condition	Relationship
Alcoholism	______________	Hepatitis	______________
Cancer	______________	Colon Polyps	______________
Liver Disease	______________	Celiac Disease	______________
Inflammatory Bowel Disease (IBD): Crohn’s/Ulcerative Colitis	______________	Other:	______________
			______________
			______________
			______________

Botsford Professional Building – North
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Please check any current problems:

	Allergy/Immunology		Endocrine		Hematologic/Lymphatic
	Swelling/Hives		Diabetes		Abnormal bleeding & bruising
	Food allergy		Thyroid problem		Low blood count
	Cardiovascular		Eyes		Blood clots
	Abnormal heart rhythm		Eye pain		Musculoskeletal
	Chest pain/pressure		Vision change		Joint aches & pains
	Difficulty breathing		Gastrointestinal		Muscle aches & pains
	Leg swelling		Abdominal pain		Neurologic
	Constitutional		Constipation		Headache
	Fever		Diarrhea		Mental status change
	Chills		Difficulty swallowing		Seizure
	Fatigue		Gas and bloating		Weakness
	Weight loss		Heartburn		Psychiatric
	Weight gain		Blood in stool		Alcohol abuse
	Skin changes		Yellow skin color		Anxiety
	Rash		Black stool		Depression
	Skin cancer		Nausea		Drug abuse
	Tattoo		Vomiting		Eating disorder
	Ears/Nose/Throat/Neck		Genitourinary/Nephrology		Respiratory
	Hoarseness		Blood in urine		Cigarette smoking
	Sore throat		Painful urination		Cough
	Taste change				Wheezing

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