

# GASTROENTEROLOGY ASSOCIATES

## PATIENT UPDATE

What problems are you having now? What is the reason for your visit today?

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PLEASE NOTE ANY CHANGES IN YOUR HEALTH SINCE YOUR LAST VISIT

A. Hospitalization / Illness \_\_\_\_\_

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B. Surgery \_\_\_\_\_

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C. Accidents \_\_\_\_\_

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D. Allergies \_\_\_\_\_

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E. Medications being taken \_\_\_\_\_

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F. Labs or X-rays by other physicians \_\_\_\_\_

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Physician's Notes:

Today's Date: \_\_\_\_\_ Current Family Physician: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_