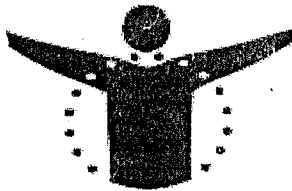


**Gastroenterologists:**  
 D.F. Jackson, III, MD  
 William D. McLaughlin, MD  
 Robert P. Albares, MD  
 Jeffrey J. Crittenden, MD  
 Samuel J. Tarwater, MD  
 Travis J. Rutland, MD



*Digestive Health  
 Specialists*  
 OF THE SOUTHEAST

**Gastroenterologists:**  
 Marc L. Clark, MD  
 Paul B. Lamb, MD  
 Scott A. Sarrels, MD  
 Tyler P. Black, MD  
 George A. Nelson, IV, MD  
**Pathologist:**  
 Beth Rutland, MD

334-836-1212 phone  
 334-836-1888 fax

480 Honeysuckle Rd,  
 Dothan, AL 36305

**Patient Interview Form**

**Patient Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**Email**

Personal: \_\_\_\_\_

**Race**

Select one or more

- White     
  Black or African American     
  Asian     
  American Indian or Alaska Native     
  Native Hawaiian or Other Pacific Islander  
 Other Race     
  Unknown     
  Patient declines to specify     
  Prohibited by state law

**Ethnicity**

- Hispanic or Latino     
  Not Hispanic or Latino     
  Patient declines to specify     
  Prohibited by state law     
  Unknown

**Sex**

- Male     
  Female     
  Other

**Preferred Language**

- English     
  Patient declines to specify

**Contact Preference**

- Letter     
  Telephone call     
  e-mail     
  Cell Phone     
  Patient declines to specify

Other: \_\_\_\_\_

**Reminder Preference**

I would like to receive preventive care and follow up care reminders.

- Yes     
  No



**Diagnostic Studies/Tests**

- None
- Abdominal Ultrasound       Barium Swallow       Colonoscopy       CT Abdomen       HIDA Scan  
 When: \_\_\_\_\_      When: \_\_\_\_\_      When: \_\_\_\_\_      When: \_\_\_\_\_
- Sigmoidoscopy       Test for Blood in Stool       Upper Endoscopy/EGD       Esophageal Motility Study      Other: \_\_\_\_\_  
 When: \_\_\_\_\_      When: \_\_\_\_\_      When: \_\_\_\_\_      When: \_\_\_\_\_

**Previous Procedures**

- None
- Appendectomy/Appendix       Cholecystectomy/Gallbladder       Colon Surgery       Defibrillator  
 When: \_\_\_\_\_      When: \_\_\_\_\_      When: \_\_\_\_\_      When: \_\_\_\_\_
- Gastric Bypass       Heart Bypass       Heart Valve Replacement       Hemorrhoid Surgery       Hernia Repair  
 When: \_\_\_\_\_      When: \_\_\_\_\_      When: \_\_\_\_\_      When: \_\_\_\_\_
- Hysterectomy       Pacemaker       Paracentesis       Prostate Surgery      Other: \_\_\_\_\_  
 When: \_\_\_\_\_      When: \_\_\_\_\_      When: \_\_\_\_\_      When: \_\_\_\_\_
- Other: \_\_\_\_\_

**Past or Present Medical Conditions**

- None
- Anemia       Anxiety/Depression       Arthritis       Atrial Fibrillation       Barrett's Esophagus  
 Bleeding Disorders       Blood Clots (DVT)       Cancer       Celiac Disease       Cirrhosis  
 Colon Polyps       Congestive Heart Failure       Crohn's Disease       Diabetes (Insulin Dependent)       Diabetes (Non Insulin Dependent)  
 Diverticulitis/Diverticulosis       Gallstones       GERD or reflux disease       GI Bleeding       Heart Attack  
 Hemorrhoids       Hepatitis C       High Blood Pressure       HIV       Irritable Bowel Syndrome  
 Kidney Dialysis       Liver Disease       Pancreatitis       Pulmonary Embolism       Seizure Disorder  
 Stroke       Ulcer Disease       Ulcerative Colitis      Other: \_\_\_\_\_      Other: \_\_\_\_\_

**Social History**

Occupation: \_\_\_\_\_

**Marital Status**

- Single       Married       Divorced       Separated       Widowed

**Alcohol**

- None

Type	Quantity	Number	Frequency

**Caffeine**

- None

Intake: \_\_\_\_\_



## Family Medical History

No knowledge of family history

No family history of  Colon Polyps

Health Status	Mother	Father	Sister	Brother	Daughter	Son	Maternal Grandmother	Maternal Grandfather
Cause of Death								
<b>Diagnoses</b>								
Gallstones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pancreas problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liver disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colon polyps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colon cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crohn's disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ulcerative colitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stomach ulcers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Health Status	Paternal Grandmother	Paternal Grandfather	Aunt	Uncle	First Cousin
Cause of Death					
<b>Diagnoses</b>					
Gallstones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pancreas problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liver disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colon polyps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colon cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crohn's disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ulcerative colitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stomach ulcers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>