

Bayfront GI Office H & P

IMPRINT PATIENT IDENTIFICATION HERE

Date ____/____/____ Date of Scheduled Surgery ____/____/____

Patient Name _____ DOB ____/____/____

Chief Complaint _____

HPI _____

Duration _____ Frequency _____

Location _____ Quality _____

Severity ___ Minimal ___ Mild ___ Moderate ___ Severe 1-10 _____

Context (affected by) _____

Modifying Factors ___ Better with _____ ___ Worse with _____

Associated Signs & Symptoms _____

ROS (see green sheet or as noted below) Constitutional ___ Fever ___ Chills ___ Weakness ___ Sweats ___ Fatigue ___ Loss of appetite ___ None

HEENT _____

Respiratory _____

Cardiovascular _____

Gastrointestinal _____

GU _____

Neurological _____

Musculoskeletal _____

Skin _____

Allergic/Immunologic _____

Hematologic _____

Endocrine _____

Psych _____

Past Medical History ___ Achalasia ___ Crohn's Disease ___ Esophagitis ___ GERD ___ Barrett's Esophagus
 ___ Duodenal Ulcer ___ Gastric Ulcer ___ Hepatitis _____(type) ___ Colon Cancer ___ Diverticulosis
 ___ Gastritis ___ IBD ___ Colon Polyps ___ Diverticulitis ___ GI Bleed ___ IBS ___ Pancreatitis



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Date ___/___/___ Patient's Name _____ DOB ___/___/___

Medications ___ See Green Sheet _____

Allergies ___ See Green Sheet _____

Past Surgical History _____

Social History ___ Smokes ___ppd ___ Quit ___x years ___ Alcohol ___ Social ___ drinks per day ___ Beer ___ Wine Other _____

Street Drugs _____ Tattoos Occupation _____

Family History ___ Colon Cancer ___ Cirrhosis ___ Gastric Cancer ___ Pancreatic Cancer ___ Colon Polyps ___ Gastric Ulcer ___ IBD

Other _____

Physical Examination (99215 = 2 bullets, 9 systems) (99214 = 2 bullets, 6 systems) (99213 = 6 bullets) (99212 = 1-5 bullets)

1 Constitution (any 3) BP ___/___ Pulse ___ Height ___ Weight ___ lbs. Temp ___ Resp ___ Appearance ___ Well Developed ___ Well-nourished ___ Thin ___ Obese ___ Acutely Ill ___ Chronically Ill ___ Cachectic

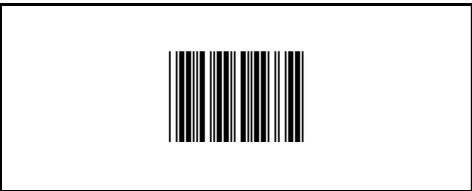
Abnormal or Positive Findings

2 Eyes
Conjunctiva and lid ___ Normal
Pupils and Irises ___ Normal

3 Ears / Nose / Mouth / Throat
Teeth, gums, lips ___ Normal
External inspection of ears & nose ___ Normal

4 Neck
Neck ___ Normal
Thyroid ___ Normal

5 Respiratory
Palpitation of chest ___ Normal
Auscultation / Breath Sounds ___ Normal



Date ____/____/____ Patient's Name _____ DOB ____/____/____

Abnormal or Positive Findings

- 6 Cardiovascular
 - Heart sounds, murmurs Normal _____
 - Pedal pulses Normal _____
 - Extremity edema / varicosities Normal _____
- 7 Chest / Breasts
 - Symmetry Normal _____
 - Masses Normal _____
- 8 Gastrointestinal
 - Bowel sounds Normal _____
 - Organomegaly Normal _____
 - Soft Normal Firm Distended Tympanitic
 - Tenderness / pain Normal / non-tender Rebound Guarding
 - RUQ LUQ Epigastric L Flank R Flank Periumbilical
 - Suprapubic LLQ RLQ
 - Hernia No Ventral Inguinal Femoral Periumbilical Incisional
- Scars _____
- Rectal Normal sphincter tone Deferred Refused
- Hemoccult Positive Negative
- 9 Musculoskeletal
 - Gait Normal _____
 - Assessment of muscle strength/tone Normal _____
- 10 Skin
 - Inspect Skin and SC tissue Normal _____
 - Palpation Normal _____
- 11 Psychiatric
 - Oriented: person, place, time Yes _____
 - Mood and affect (depressed, anxious) No _____

Impression _____



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Date ___/___/___ Patient's Name _____ DOB ___/___/___
___ Barrett's Esophagus ___ Esophageal Spasm ___ Hepatitis _____ type
___ Colonic Neoplasm ___ Esophageal Stricture ___ Hemorrhoids ___ internal ___ external
___ Colonic Polyps ___ Gastritis ___ IBD _____ Crohn's _____ Ulcerative Colitis
___ Diarrhea, acute ___ Gastric Ulcer ___ Infectious Colitis _____ type
___ Diarrhea, chronic ___ GERD ___ Iron Deficiency Anemia
___ Dysphagia - _____ solids _____ liquids _____ both ___ IBS ___ Oropharyngeal Dysphagia
___ Diverticulosis ___ Gastroenteritis ___ Malabsorption ___ Diverticulitis ___ GI Bleeding ___ Melena
___ Pancreatitis ___ Esophagitis ___ Halitosis ___ Odynophagia ___ Sprue (Celiac)

Plan _____

___ EGD ___ Colonoscopy ___ Liver Biopsy
___ with savory dilation ___ with APC ___ ERCP
___ balloon dilation ___ banding
___ injection therapy ___ stent ___ limited colon
___ heater probe
___ with APC
___ banding ___ Capsule Endoscopy
___ sclerotherapy ___ BRAVO
___ stent placement ___ esophageal manometry

___ Risk of bleeding, perforation, medication reaction, missed lesion, pancreatitis, death, prolonged hospitalization, blood transfusion and/or surgery explained in detail personally.
___ Educational pamphlets given _____

PCP _____ letter dictated/sent

Consult _____

Refer to _____

Bayfront Physician Signature _____ Date ___/___/___ Time ___:___

