

**ILLINOIS GASTROENTEROLOGY, LTD.**

a member of **PREMIER MEDICAL GROUP**

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

REASON FOR VISIT: \_\_\_\_\_

**PATIENT Illness/Surgery**

Year

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you smoke?     Yes    # Packs per day: \_\_\_\_\_    # Years smoked: \_\_\_\_\_  
                          No

Do you use alcohol?     Yes    # Drinks per week: \_\_\_\_\_  
                                  No

Have you ever had a colonoscopy?     Yes    When? \_\_\_\_/\_\_\_\_/\_\_\_\_  
    No

**FAMILY History**

Disease                      Relationship

- Cancer                      \_\_\_\_\_
- Colon Polyps                \_\_\_\_\_
- Ulcer                            \_\_\_\_\_
- Liver Disease                \_\_\_\_\_
- Pancreatitis                 \_\_\_\_\_
- Other                            \_\_\_\_\_