PREMIER MEDICAL GROUP

HISTORY & PHYSICAL

REASON FOR VISIT: ____

PATIENT Illness/Surgery — Year

______________________________ ________

______________________________ ________

______________________________ ________

______________________________ ________

______________________________ ________

______________________________ ________

Do you smoke? ☐ Yes ☐ No # Packs per day: ________ # Years smoked: ________

Do you use alcohol? ☐ Yes ☐ No # Drinks per week: ________

Have you ever had a colonoscopy? ☐ Yes ☐ No When? _____/_____/_____

FAMILY History

Disease	Relationship
☐ Cancer	________
☐ Colon Polyps	________
☐ Ulcer	________
☐ Liver Disease	________
☐ Pancreatitis	________
☐ Other	________

______________________________ ______________ ______________

Name — Date of Birth — Date

08-01-18