

Digestive Disease Consultants
721 Glenwood Drive, W473
Chattanooga, TN 37404
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Alan F. Shikoh, M.D.
Kimberly M. Garland, NP-C

Name: _____ Date: _____
Date of Birth: _____ Referring Physician: _____
Marital Status: Married Single Divorced Widowed
Weight: _____ Height: _____ Language: _____ English, Spanish,
etc. Race: (Circle One) White, Hispanic, African American/Black, Asian, or Other
Race _____
Ethnicity: (Circle One) Hispanic or Latin American, Not Hispanic or Latin American, Refuse to report.

PLEASE TELL US ABOUT YOUR CURRENT PROBLEM OR ILLNESS

Please describe your problem:

When did your symptoms first appear? _____

What makes your symptoms worse? _____

What makes your symptoms better? _____

Have you had any tests to evaluate these symptoms? _____

Have you taken any prescription or over-the-counter medications for your symptoms? _____

Please list any previous GI endoscopies or x-rays (What doctor ordered the procedure and where was it performed?):

Please list all of your previous surgeries and approximate year performed: _____

What other medical problems do you have that is not listed on the bubblesheet? _____

Are you allergic to Latex? Yes No

Have you ever been told you need to take an antibiotic before having a procedure? Yes No

Are you allergic to any medications? If so, please list: _____

Have you ever used illegal intravenous drugs? Yes No When? _____

Please list all of your current prescription medications: _____

Please list all of your over-the-counter, herbal, and supplemental medication: _____
