

Waco Gastroenterology Associates

Date: _____ Name: _____ Date of Birth: _____

What doctor referred you to Waco Gastroenterology? _____

What doctor are you seeing here today? _____

Current Medications

Past Surgeries / Date

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

Do you take Aspirin daily? YES NO

Are you allergic to Latex? YES NO

DRUG ALLERGIES:

Pharmacy Preference: _____ Location: _____ Phone #: _____

To Be Completed By Doctor / Nurse

Chief Complaint:

WT _____
BP _____
P _____
R _____
T _____

History / Notes:

_____ Heart
_____ Kidney
_____ Diabetic
_____ Replacement
_____ CVA
_____ ASA
_____ Vitamins

Test / Procedure Ordered: