Garth LeCheminant, M.D. Jennifer Lemert, N.P.
Kayla Mitchell, R.N., W.O.C.N.
2490 S. Woodworth Loop, Ste 450 Palmer, AK 99645
Phone: (907) 745-8100 Fax: (907) 746-2655

Patient Interview Form

Patient Information

First Name:_____ Last Name:_____

Date Of Birth:_____ Age:_____

Notes:_____

Sex

- ◯ Male
- ◯ Female
- ◯ Other

Email

Please check one as your preferred email for communications

- ◯ Personal:_____
- ◯ Work:_____

Race

Select one or more

- ◯ White
- ◯ Black or African American
- ◯ Asian
- ◯ American Indian or Alaska Native
- ◯ Native Hawaiian or Other Pacific Islander
- ◯ Other Race
- ◯ Unknown
- ◯ Patient declines to specify
- ◯ Prohibited by state law

Ethnicity

- ◯ Hispanic or Latino
- ◯ Not Hispanic or Latino
- ◯ Patient declines to specify
- ◯ Prohibited by state law
- ◯ Unknown

Preferred Language

- ◯ English
- ◯ Russian
- ◯ Spanish; Castilian
- ◯ Patient declines to specify

Contact Preference

- ◯ Letter
- ◯ Email
- ◯ Patient declines to specify
- Other:_____

Pharmacy

_____

Name Address Phone

Past or Present Medical Conditions

- [ ] None

- [ ] Anemia
- [ ] Anxiety disorder
- [ ] Arthritis
- [ ] Asthma
- [ ] Atrial Fibrillation
- [ ] Barrett's Esophagus
- [ ] Bipolar disorder
- [ ] Blood Clots (Leg)
- [ ] Blood Clots (Lung)
- [ ] Bowelobstruction
- [ ] Celiac disease
- [ ] Colon cancer
- [ ] Cirrhosis
- [ ] Colon polyp history
- [ ] Congestive Heart Failure
- [ ] C.O.P.D.
- [ ] Coronary Artery Disease
- [ ] Crohn's disease
- [ ] Depression
- [ ] Diabetes Mellitus, Insulin Dependent (Type 1)
- [ ] Diabetes Mellitus, Non-Insulin Dependent (Type 2)
- [ ] Diverticulitis
- [ ] Gallstones
- [ ] Gastroesophageal reflux disease (GERD)
- [ ] Gout
- [ ] Hepatitis A
- [ ] Hepatitis B
- [ ] Hepatitis C
- [ ] Heart Attack
- [ ] High Cholesterol
- [ ] High blood pressure
- [ ] Irritable Bowel Syndrome
- [ ] Pancreatitis
- [ ] Peptic ulcer disease
- [ ] Ulcerative Colitis
- [ ] Hypothyroidism
- [ ] Kidney disease
- [ ] Kidney stones
- [ ] Seizures
- [ ] Sleep apnea
- [ ] Stroke
- [ ] Transient Ischemic Attack
- [ ] Vascular Disease

Other: _____

Previous Procedures

- [ ] None

- [ ] Abdominal aortic aneurysm (AAA) repair
  When: _____
- [ ] Appendectomy
  When: _____
- [ ] Bilateral Tubal Ligation (BTL)
  When: _____
- [ ] Cardiac Cath - with stent placement
  When: _____
- [ ] Colon resection
  When: _____
- [ ] Gallbladder removed
  When: _____
- [ ] Coronary Artery Bypass Graft (CABG)
  When: _____
- [ ] Colonoscopy
  When: _____
- [ ] Defibrillator Placement
  When: _____
- [ ] EGD
  When: _____
- [ ] Exploratory Laparoscopy
  When: _____
- [ ] Fundoplication - Nissen
  When: _____
- [ ] Gastric Lap Band
  When: _____
- [ ] Gastric Bypass
  When: _____
- [ ] Heart valve replacement
  When: _____
- [ ] Hemorrhoidectomy
  When: _____
- [ ] Hysterectomy - Abdominal
  When: _____
- [ ] Hiatal Hernia Repair
  When: _____
- [ ] Hernia Repair - Inguinal
  When: _____
- [ ] Hernia Repair - Umbilical
  When: _____
- [ ] Hernia Repair - Abdominal Wall
  When: _____
- [ ] Joint Replacement - site unspecified
  When: _____
- [ ] Lung Lobectomy
  When: _____
- [ ] Lumpectomy Breast
  When: _____
- [ ] Mastectomy R Breast
  When: _____
- [ ] Small Bowel Resection
  When: _____
- [ ] Vasectomy
  When: _____

Other: _____

Diagnostic Studies/Tests

- [ ] None

- [ ] Abdominal Ultrasound
  When: _____
- [ ] Blood Tests
  When: _____
- [ ] CT Abdomen/Pelvis
  When: _____
- [ ] CT Chest
  When: _____
- [ ] ERCP
  When: _____
- [ ] MRI Abdomen/Pelvis
  When: _____

Other: _____

Other: _____

Allergies

☐ Patient has no known allergies ☐ Patient has no known drug allergies

☐ Adhesive Tape ☐ Erythromycin ☐ Penicillins ☐ Shellfish ☐ Latex

☐ Aspirin ☐ Cephalosporins ☐ Sulfa's ☐ Iodine Other: _____

Other: _____

Current Medications

☐ None

Name	Dose	How taken?

Social History

Marital Status

☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Civil Union

☐ Other

Alcohol

☐ None

Type	Quantity	Number	Frequency
☐ Beer			
☐ Wine			
☐ Hard Liquor			

Tobacco

Smoking Status

☐ Current every day smoker ☐ Current some day smoker ☐ Former smoker ☐ Never smoker

☐ Smoker, current status unknown ☐ Light tobacco smoker ☐ Heavy tobacco smoker ☐ Unknown if ever smoked

Type	Started	Quit	Quantity	Frequency
☐ Cigarettes				
☐ Cigar				
☐ Chewing Tobacco				

Drug Use

☐ None

Type	Quantity	Number	Frequency
☐ Recreational			Times / month
☐ Marjuana			
☐ Street Drugs			
☐ Medications Not Prescribed to You			

Family Medical History

○ No knowledge of family history

No family history of ○ Colon Cancer

Health Status	Mother	Father	Sister	Brother	Daughter	Son
Alive	○	○	○	○	○	○
Deceased/At Age	○ ____	○ ____	○ ____	○ ____	○ ____	○ ____
Cause of Death	_____	_____	_____	_____	_____	_____
Diagnoses						
Barrett's Esophagus	○	○	○	○	○	○
Bleeding Disorders	○	○	○	○	○	○
Breast Cancer	○	○	○	○	○	○
Colon Cancer	○	○	○	○	○	○
Crohn's disease	○	○	○	○	○	○
Diabetes	○	○	○	○	○	○
Heart Disease	○	○	○	○	○	○
Hypertension	○	○	○	○	○	○
Lung cancer	○	○	○	○	○	○
Malignant Hyperthermia	○	○	○	○	○	○
Rectal Cancer	○	○	○	○	○	○
Ulcerative colitis	○	○	○	○	○	○
Other:	○	○	○	○	○	○
Other:	○	○	○	○	○	○
Other:	○	○	○	○	○	○

Review Of Systems

Allergic/Immunologic	Y	N
Recurrent Infections	○	○

Cardiovascular	Y	N
Chest Pain	○	○
Palpitations	○	○
Swelling of Legs	○	○
Difficulty Climbing Stairs	○	○
Chest Pain When Resting	○	○
Chest Pain with Activity	○	○
Heart Murmur	○	○
Short of Breath - Exertion	○	○
Varicose Veins	○	○
High Blood Pressure	○	○

Constitutional	Y	N
Fatigue	○	○
Weight Gain	○	○
Weight Loss	○	○
Chills	○	○
Night Sweats	○	○

ENMT	Y	N
Nosebleeds	○	○
Sore Throat	○	○
Runny Nose	○	○
Sinus Infection	○	○
Bleeding Gums	○	○
Dental Problems	○	○
Dentures	○	○
Hoarseness	○	○
Voice Changes	○	○
Lumps	○	○
Throat Tenderness	○	○
Thyroid Troubles or Mass	○	○

Endocrine	Y	N
Increased Thirst	○	○
Heat Intolerance	○	○
Cold Intolerance	○	○
Increased Hunger	○	○
Thyroid Trouble	○	○
Weight Gain	○	○
Weight Loss	○	○

Eyes	Y	N
Blurry Vision	○	○
Glaucoma	○	○
Vision Changes	○	○

Gastrointestinal	Y	N
Abdominal Pain	○	○
Change in Bowel Habits	○	○
Constipation	○	○
Diarrhea	○	○
Heartburn	○	○
Nausea	○	○
Vomiting	○	○
Black Tarry Stools	○	○
Blood in Stool	○	○
Hernias	○	○
Swallowing Problems	○	○

Genitourinary	Y	N
Frequent Urinary Infections	○	○
Frequent Urination	○	○
Breast Discharge	○	○
Breast Lumps	○	○
Breast Pain	○	○
Breast Tenderness	○	○
Blood in Urine	○	○
Urine - Change in Color	○	○
Incontinence	○	○
Trouble Urinating	○	○
Male Genitalia - Hernias	○	○
Male Genitalia - Pain	○	○
Male Genitalia - Prostate Problems	○	○
Male Genitalia - Scrotal Masses	○	○
Female Genitalia - Birth Control	○	○
Female Genitalia - Change in Periods	○	○
Female Genitalia - Hernias	○	○
Female Genitalia - Lesions	○	○
Female Genitalia - Menopause	○	○

Hematologic/Lymphatic	Y	N
Easy Bruisability	○	○
Anemia	○	○
Bleeding Easily	○	○
Blood Clots	○	○
Transfusion Reaction	○	○

Integumentary	Y	N
Itching	○	○
Rashes	○	○
Eczema	○	○
Major Sunburns	○	○
Mole Increased in Size	○	○
MRSA Infection	○	○
Nail Appearance Change	○	○
Skin Color Change	○	○

Musculoskeletal	Y	N
Back Problems	○	○
Joint Pain	○	○
Muscle Pain	○	○

Neurological	Y	N
Dizziness	○	○
Fainting	○	○
Headaches	○	○
Numbness	○	○
Seizures	○	○
Tremors	○	○
memory loss	○	○
Balance Difficulty	○	○
Strokes	○	○
Head Injury	○	○

Psychiatric	Y	N
Anxiety	○	○
Depression	○	○
Suicidal Thoughts	○	○

Respiratory	Y	N
Cough	○	○
Blood in Sputum	○	○
Breathing Problems	○	○

Consent to Import Medication History

I consent to obtaining a history of my medications purchased at pharmacies.

○ Yes ○ No

Reminder Preference

I would like to receive preventive care and follow up care reminders.

○ Yes ○ No

Reviewed with

Patient Parent Guardian Not Present

Signature

Signature Date