



**PERSONAL HISTORY  
ESTABLISHED PATIENT**

Today's Date \_\_\_\_\_ Date of Last Office Visit \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Referring Physician \_\_\_\_\_

1) Describe the reason(s) for your visit today \_\_\_\_\_

2) Preferred Pharmacy Name \_\_\_\_\_ Pharmacy Phone \_\_\_\_\_

Pharmacy Address \_\_\_\_\_  
Street Suite # City State Zip

I authorize Atlanta Gastroenterology Associates to obtain my prescription history electronically.  Yes  No

3) Tobacco (cigarettes, cigars, chewing tobacco)  Never  Former  Current (Every Day)  Current (Some Days)  Current (Unknown)

List any allergies \_\_\_\_\_

Are you currently taking aspirin/NSAIDs (Ibuprofen, Advil®, BC Powder®, Goody's Powder®, Naprosyn®, Aleve®)?  Yes  No

List Current Medications (including herbal) and Dosage

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any medications you have stopped taking since your last visit \_\_\_\_\_

Do you need a new prescription or refill? If so, list medication and supply needed.

4) Are you experiencing any of the following symptoms? If so, please describe.

	Yes	No		Yes	No
Abdominal Pain	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty Swallowing	<input type="checkbox"/>	<input type="checkbox"/>
Anal/Rectal Pain or Itching	<input type="checkbox"/>	<input type="checkbox"/>	Heartburn/Esophageal Reflux	<input type="checkbox"/>	<input type="checkbox"/>
Black Stool	<input type="checkbox"/>	<input type="checkbox"/>	Indigestion	<input type="checkbox"/>	<input type="checkbox"/>
Bloating/Belching/Gaseousness	<input type="checkbox"/>	<input type="checkbox"/>	Nausea/Vomiting	<input type="checkbox"/>	<input type="checkbox"/>
Change in Bowel Habits	<input type="checkbox"/>	<input type="checkbox"/>	Rectal Bleeding	<input type="checkbox"/>	<input type="checkbox"/>
Constipation	<input type="checkbox"/>	<input type="checkbox"/>	Unintentional Weight Loss	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	Other _____		

Description of Above Problem \_\_\_\_\_

5) Have you had any of the following since your last visit? If so, please briefly describe and list date of service.

	Yes	No	
Colonoscopy/Endoscopy	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emergency Room Visit(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospitalizations	<input type="checkbox"/>	<input type="checkbox"/>	_____
Labs or other blood work	<input type="checkbox"/>	<input type="checkbox"/>	_____
Surgeries	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ultrasounds	<input type="checkbox"/>	<input type="checkbox"/>	_____
X-rays	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other tests	<input type="checkbox"/>	<input type="checkbox"/>	_____

6) List any questions or concerns you have for your physician today.

\_\_\_\_\_  
 \_\_\_\_\_

Parent / Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

AGA, LLC d/b/a Atlanta Gastroenterology Associates ("AGA") and its affiliated companies comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. AGA does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

AGA:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, etc.)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, ask to speak to the site manager.

If you believe that AGA has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: AGA, LLC, ATTN: Compliance Officer, 550 Peachtree St NE, Ste 1600, Atlanta, GA 30308, (phone) 404.888.7575, (fax) 404.253.6896, or (email) [hipaacompliance@atlantagastro.com](mailto:hipaacompliance@atlantagastro.com).

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1.800.368.1019, 800.537.7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## AGA offers language services free of charge to those patients requiring assistance.

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

**注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。

**સુચના:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

**ማስታወሻ:** የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶቻች: በነጻ ሊያገኙዎት ተዘጋጅተዋል:

**ध्यान दें:** यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou.

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

**توضيح:** إذا كنت تتحدث تنك اذنا، فستتاح لك خدمات الترجمة اللغوية مجاناً.

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis.

**امش یارب ناگیار تروصب ی نابز تالی هست، دینک یم وگتفگ ی سراف نابز هب رگا: هجوت**

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

**注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。