



## Addendum to Initial Patient Intake Form: South Bay Gastroenterology Medical Group

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
(Last) (First) (MI)

**Today's Date:** \_\_\_\_\_

**Who is your referring doctor?** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Do you have a cardiologist?** Y  N  If yes, pls. provide name: \_\_\_\_\_

**Reason for visit:** Anemia  Change in bowel habits  Rectal bleeding  Family history  Re-check

**Health History:** **YES**

- AICD / cardiac rhythm device.....
- Bloating / belching.....
- Blood transfusions.....
- Cardiomyopathy.....
- Congestive heart failure .....
- Difficulty lying on left side .....
- Gallbladder disease.....
- Heart murmur.....
- Heart stents .....
- Heart valve replacement .....
- Hemorrhoids.....
- Hiatal Hernia.....
- Jaundice.....
- Liver disease.....
- Rectal bleeding.....

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If completed by someone other than patient:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_