Barrie GI Associates

NEW PATIENT QUESTIONNAIRE

Tell us a little bit more about you.

Name:	**Date:**
Pharmacy:	**Email:**

Family physician or NP: _____

List all current and prior medical conditions (e.g., Diabetes, Heart attack, Stroke, Kidney disease, Liver disease, Psychiatric illness, Autoimmune disease, or Cancer):

_____

_____

_____

_____

List any prior surgeries (and approximate year):

_____

_____

_____

List all your medications and doses (including any over-the-counter meds, e.g., Advil, Aleve, Naproxen):

List any medication allergies: _____

Do you smoke cigarettes? Yes / No / Ex-smoker **How many years have you smoked?** _____

How many alcoholic drinks do you consume in an average week (liquor, beer, or wine)? _____

Do you smoke cannabis or use CBD (marijuana)? Yes / No **How much per week?** _____

Do you use any other recreational drugs? Yes / No **If yes, which drugs do you use?** _____

Are you currently working? Yes / No / Retired **What is/was your occupation use?** _____

Please indicate which (if any) of your <u>family</u> members have had the following diseases:

Colon cancer -	**Liver disease -**
Colon polyps -	**Celiac disease -**
Crohn's disease -	**Pancreatic cancer -**
Ulcerative colitis -	**Esophageal or Stomach cancer -**

THANKS FOR TAKING THE TIME TO FILL OUT THE FORM.
PLEASE PROVIDE THE COMPLETED FORM TO THE FRONT DESK.