M. Asif Mohiuddin, M.D.
Board Certified Gastroenterology

Orlando • 2880 S. Osceola Avenue • Orlando, FL 32806
Kissimmee • 901-CE. Oak Street • Kissimmee, FL 34744
St. Cloud • 3114 17th Street • St. Cloud, FL 34769

407-843-0443 • Fax: **407-847-0775**

Name (First, Last, MI)________________________ DOB____________ ❏ M ❏ F Marital Status__________
Occupation________________________ Allergies________________________
Referring Physician________________________ Reason for today's visit________________________
PAST MEDICAL HISTORY ❏ PUD ❏ Gastritis ❏ H-Pylori Infection ❏ Polyps ❏ Colitis ❏ Other ____________
____

SURGERIES ❏ Cholecystectomy ❏ Hernia Repair ❏ Appendectomy ❏ Other ____________
____

FAMILY HISTORY: ❏ Colon Cancer ❏ Pancreatic Cancer ❏ Pancreatitis ❏ PUD ❏ Liver Disease ❏ Crohn's Disease ❏ Ulcerative Colitis

REVIEW OF SYSTEMS (✓ if you have any of the following)

Constitutional:
❏ *No Symptoms*
______Chills
______Fever
______Forgetfulness
______Loss of Sleep
______Night Sweats
______Recent Weight Loss
______Recent Weight Gain

Ear/Nose/Throat:
❏ *No Symptoms*
______Bleeding Gums
______Dentures
______Hay Fever
______Hearing Loss
______Hoarseness
______Nosebleeds
______Sinus Problems
______Sores in Mouth

Eyes:
❏ *No Symptoms*
______Dry Eyes
______Glaucoma
______Iritis
______Limited Vision
______Yellow Eyes

Respiratory:
❏ *No Symptoms*
______Asthma or Emphysema
______Chronic Cough
______Coughing up Blood
______History - Pulmonary Embolism
______Oxygen Therapy

Respiratory Cont.:
______Pneumonia
______Shortness of Breath
______Tuberculosis

Cardiovascular:
❏ *No Symptoms*
______Chest Pain
______Heart Attack
______Heart Murmur
______High Blood Pressure
______Irregular/Rapid Heart Beat
______Pacemaker/Defibrillator
______Rheumatic Heart Disease
______Swelling of Ankles/Feet
______Valve Replacement
______Congestive Heart Failure

Gastrointestinal:
❏ *No Symptoms*
______Abdominal Pain
______Bloating
______Change in Bowel Habits
______Constipation
______Decreased Appetite
______Diarrhea
______Diverticulosis/Diverticulitis
______Gas
______Gallbladder Disease
______Gallbladder Stones
______Heartburn
______Hemorrhoids
______Hiatal Hernia
______Indigestion
______Inflammatory Bowel Disease
______Jaundice / Hepatitis

Gastrointestinal Cont.:
______Nausea / Vomiting
______Pancreatitis
______Previous Colon Polyp/Tumor
______Rectal Bleeding
______Trouble Swallowing
______Ulcer

Genitourinary:
❏ *No Symptoms*
______Blood in Urine
______Frequent Urination
______Lack of Bladder Control
______Kidney Stones
______Kidney Disease
______Renal Failure

Muscles/Joints/Bones:
❏ *No Symptoms*
______Artificial Joints
______Arthritis
______Back or Neck Injury
______Gout
______Rheumatoid Arthritis
______Swelling/Pain in:
______Arms ______Hips
______Back ______Legs
______Feet ______Neck
______Hands ______Shoulders

Neurologic:
❏ *No Symptoms*
______Dizziness/Fainting Spells
______Localized Weakness
______Paralysis
______Recurrent Headache
______Stroke/TIA

Endocrine:
❏ *No Symptoms*
______Cortisone Therapy
______Diabetes
______Dry Mouth
______Excessive Hunger
______Excessive Thirst
______Hormone Therapy
______Thyroid Problem/Goiter

Skin:
❏ *No Symptoms*
______Hives-Rash
______Itching

Lymphatic:
❏ *No Symptoms*
______Abnormal Bleeding
______Anticoagulation Therapy
______Blood Disorder/Anemia
______Bruise Easily
______Phlebitis/Blood Clots
______Swollen Lymph Nodes

Infectious Disease:
❏ *No Symptoms*
______Hepatitis (A, B, C)
______Sexually Transmitted Disease

Mental Health:
❏ *No Symptoms*
______Depression
______Panic Attacks/Anxiety
______Phobias

---

1. ARE YOU PREGNANT? Not Sure_____ Yes ____ No______
2. DO YOU HAVE MITRAL VALVE PROLAPSE? Yes ____ No______
3. IF YOU DO, DO YOU REQUIRE ANTIBIOTICS PRIOR TO A PRODUCE? Yes ____ No______
   (EX: TEETH CLEANING)
4. DO YOU HAVE A BLEEDING DISORDER? Yes ____ No______
5. DO YOU TAKE BLOOD THINNERS? (EX. PLAVIX, COUMADIN, ASPIRIN) Yes ____ No______
   IF YES PLEASE LIST ____
6. DO YOU SMOKE? HOW MUCH? Yes ____ No______
7. DO YOU DRINK ALCOHOL? HOW MUCH? Yes ____ No______
8. ANY HISTORY OF DRUG USE? Yes ____ No______