



# DIABLO DIGESTIVE CARE

400 TAYLOR BLVD, SUITE 304  
PLEASANT HILL, CA 94523

OFFICE: (925) 363-0069

FAX: (925) 363-0077

WWW.DIABLODIGESTIVECARE.COM

\*Add additional pages as necessary

Name:

Date:

Purpose of Visit:

Past Medical History:

None

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Medications:

None

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Surgical History:

None

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Allergies:

No Known Drug Allergy

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Family History: (Prioritize Gastrointestinal Issues)

Relationship

Condition:

- |    |    |
|----|----|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |

Smoking Status:

Never Smoked

Current Nicotine (Cigs/Vape)

Former Nicotine

Current Cannabis

Alcohol Status:

No/Rare

Current Social (0-4 drinks/wk)

Current Frequent/Daily (>6 drinks/week)



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## Current Symptoms (Please check all that Apply):

### Ear, Nose & Throat

Discolored eyes  
Nosebleeds  
Loose Teeth  
Hoarseness  
Bad Breath

### Pulmonary

Asthma  
Pneumonia  
Cough  
Wheeze  
Shortness of Breath

### Cardiology

High Blood Pressure  
Chest Pain  
Palpitations  
Irregular Pulse  
Low Blood Pressure

### Endocrine

Heat/Cold Intolerance  
Hair Changes  
Weight Gain  
Weight Loss  
Irregular Menses

### Neurological

Seizures  
Change in Vision  
Headaches  
Weakness  
Dizziness

### Muscular

Arthritis  
Neck Pain  
Back Pain  
Muscle Pain  
Joint Pain

### Skin

Rashes  
Redness  
Warmth  
Sore  
Leg Swelling

### Gastrointestinal & Liver

Difficulty Swallowing  
Pain with Swallow  
Food Not Passing  
Heartburn  
Belching

Nausea  
Vomiting  
Loss of Appetite  
Feeling Full Quickly  
Bloating

Change in Bowels  
Constipation  
Diarrhea  
Black Stool  
Blood in Stool

Jaundice  
Abdominal Pain  
Rectal Pain  
Excessive gas  
Rectal Leakage

Any Other Info:

Form Completed By:

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian/Legal Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date