

**Mid - America
Gastro-Intestinal
Consultants, PC**

4321 Washington Medical Plaza III,
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Patient Interview Form

Patient Information

First Name: _____ MI: _____ Last Name: _____
MRN: _____ Date Of Birth: _____
Age: _____

Gender

Male Female Other

Race

White/Caucasian Black or African American Asian Hispanic or Latino American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander Mixed Other Unknown Patient declines to provide information

Preferred Language

English Spanish Other: _____

Contact Preference

Letter Phone - Detailed Message Phone - Brief Message Other: _____

Allergies

Patient has no known allergies Patient has no known drug allergies
Other: _____ Other: _____ Other: _____ Other: _____

Current Medications

None

Name	Dose	How taken?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Immunizations

- None
- | | | | | |
|--|---|---|--|--|
| <input type="radio"/> Flu vaccine
When: _____ | <input type="radio"/> Hep A, adult
When: _____ | <input type="radio"/> Hep B, adult
When: _____ | <input type="radio"/> Hep A-Hep B
When: _____ | <input type="radio"/> HPV
When: _____ |
| <input type="radio"/> Meningococcal
When: _____ | <input type="radio"/> Pneumovax
When: _____ | <input type="radio"/> PPD
When: _____ | <input type="radio"/> Tdap
When: _____ | <input type="radio"/> Varicella
When: _____ |

Diagnostic Studies/Tests

- None
- | | | | | |
|--|---|---|--|---|
| <input type="radio"/> Colonoscopy
When: _____ | <input type="radio"/> Flexible Sigmoidoscopy
When: _____ | <input type="radio"/> EGD
When: _____ | <input type="radio"/> Capsule Endoscopy
When: _____ | <input type="radio"/> Abdominal Ultrasound
When: _____ |
| <input type="radio"/> Pelvic Ultrasound
When: _____ | <input type="radio"/> CT Abdomen/Pelvis
When: _____ | <input type="radio"/> MRI Abdomen/Pelvis
When: _____ | | |

Past or Present Medical Conditions

- None
- | | | | | |
|-------------------------|---|---|--|--|
| Cardiovascular | <input type="radio"/> Angina/Chest Pain | <input type="radio"/> Aortic Stenosis | <input type="radio"/> Atrial Fibrillation | <input type="radio"/> Congestive Heart Failure |
| | <input type="radio"/> Coronary Heart Disease | <input type="radio"/> Defibrillator | <input type="radio"/> Deep vein thrombosis/DVT | <input type="radio"/> Endocarditis |
| | <input type="radio"/> High blood pressure | <input type="radio"/> High Cholesterol | <input type="radio"/> MI/Heart Attack | <input type="radio"/> Pacemaker |
| | <input type="radio"/> Rheumatic Fever | | | |
| Pulmonary | <input type="radio"/> Asthma | <input type="radio"/> Bronchitis/Chronic | <input type="radio"/> COPD | <input type="radio"/> Emphysema |
| | <input type="radio"/> Pulmonary Embolism | <input type="radio"/> Sleep apnea/C-pap | <input type="radio"/> TB exposure/Treated | |
| Eyes | <input type="radio"/> Glaucoma | <input type="radio"/> Cataracts | | |
| Endocrinology | <input type="radio"/> Diabetes Mellitus | <input type="radio"/> Osteopenia | <input type="radio"/> Osteoporosis | <input type="radio"/> Thyroid Disease |
| | Other: _____ | | | |
| Gastrointestinal | <input type="radio"/> Barrett's Esophagus | <input type="radio"/> Celiac Disease | <input type="radio"/> C-diff infection | <input type="radio"/> Cirrhosis |
| | <input type="radio"/> Colon Polyps | <input type="radio"/> Crohn's Disease | <input type="radio"/> Diverticulosis | <input type="radio"/> Diverticulitis |
| | <input type="radio"/> Elevated Liver Function Tests | <input type="radio"/> Fatty Liver Disease | <input type="radio"/> Gallstones | <input type="radio"/> Gastric Ulcer |
| | <input type="radio"/> Gastroparesis | <input type="radio"/> GERD/Reflux | <input type="radio"/> GI Bleed | <input type="radio"/> Hemorrhoids |
| | <input type="radio"/> Hepatitis B | <input type="radio"/> Hepatitis C | <input type="radio"/> IBS | <input type="radio"/> Obesity |
| | <input type="radio"/> Other Liver Disease | <input type="radio"/> Pancreatitis | <input type="radio"/> Ulcerative Colitis | |
| Muscle/Skeletal | <input type="radio"/> Arthritis | <input type="radio"/> Back Pain (chronic) | <input type="radio"/> Fibromyalgia | <input type="radio"/> Gout |
| | <input type="radio"/> Joint Pain | | | |
| Neurology | <input type="radio"/> Alzheimer's Dementia | <input type="radio"/> Memory Loss | <input type="radio"/> Migraine Headaches | <input type="radio"/> Neuropathy |
| | <input type="radio"/> Seizure disorder | <input type="radio"/> Stroke | <input type="radio"/> TIA | |
| Psychiatric | <input type="radio"/> Alcohol Abuse | <input type="radio"/> Anxiety | <input type="radio"/> Bipolar Disorder | <input type="radio"/> Depression |
| | <input type="radio"/> Panic Attacks | <input type="radio"/> PTSD | <input type="radio"/> Substance Abuse | |
| Other | <input type="radio"/> Anemia Disorder | <input type="radio"/> Bleeding Syndrome | <input type="radio"/> Blood Clots/DVT | <input type="radio"/> Chronic Fatigue |
| | <input type="radio"/> Difficulty Sleeping | <input type="radio"/> Endometriosis | <input type="radio"/> Enlarged | <input type="radio"/> HIV |
| | <input type="radio"/> Insufficiency | <input type="radio"/> Renal Failure | Other: _____ | |
| Cancer | <input type="radio"/> Breast | <input type="radio"/> Cervical | <input type="radio"/> Colon Cancer | <input type="radio"/> Esophageal |
| | <input type="radio"/> Liver | <input type="radio"/> Lung | <input type="radio"/> Lymphoma | <input type="radio"/> Mouth/Gums |
| | <input type="radio"/> Ovarian | <input type="radio"/> Pancreatic | <input type="radio"/> Skin | <input type="radio"/> Small Bowel |
| | <input type="radio"/> Stomach/Gastric | <input type="radio"/> Thyroid | <input type="radio"/> Uterine | Other: _____ |

Previous Procedures

- None
- | | | | | |
|---|---|--|---|---|
| <input type="radio"/> Appendectomy | <input type="radio"/> Back Surgery - unspecified | <input type="radio"/> Bladder Lift | <input type="radio"/> Cholecystectomy/Gallbladder | |
| <input type="radio"/> Caeserean Section | <input type="radio"/> Coronary Artery Bypass Graft (CABG) | <input type="radio"/> Colectomy - partial unsecified | <input type="radio"/> D & C | <input type="radio"/> Defibrillator Placement |
| <input type="radio"/> Dialysis Catheter Placement | <input type="radio"/> Gastric Bypass - type unspecified | <input type="radio"/> Heart Stent | <input type="radio"/> Heart Transplant | <input type="radio"/> Heart Valve Replacement |
| <input type="radio"/> Hemorrhoidectomy | <input type="radio"/> Hernia Repair - site unspecified | <input type="radio"/> Hiatal Hernia Repair | <input type="radio"/> Hip Replacement | <input type="radio"/> Hysterectomy - Abdominal |
| <input type="radio"/> Hysterectomy - Transvaginal | <input type="radio"/> Knee Surgery | <input type="radio"/> Knee replacement | <input type="radio"/> Mastectomy Breast | <input type="radio"/> Non - replacement Joint Surgery |
| <input type="radio"/> Other Joint Replacement | <input type="radio"/> Pacemaker Insertion | <input type="radio"/> Prostatectomy - Radical | <input type="radio"/> Prostate Radiation/Seeding | <input type="radio"/> Small Bowel Resection |
| <input type="radio"/> Tonsils | <input type="radio"/> Wisdom Teeth | Other: _____ | | |

Social History

Occupation: _____ Number of Children: _____

Marital Status

- Single Married Divorced Separated Widowed
 Civil Union

Alcohol

- None Daily Weekly Monthly Rarely Less than 7 per week
 More than 7 per week Recovering Alcoholic

Caffeine

- None 1-2 per day 3-4 per day more than 5 per day

Tobacco

Smoking Status

- Current every day smoker Current some day smoker Former smoker Never smoker
 Smoker, current status unknown Unknown if ever smoked
 Cigarettes Cigar Chewing Tobacco Pipe

Drug Use

- None Never Uses IV drugs currently Used IV drugs in the past Recreational drug use

Exercise

- None 1-3 times weekly More than 3 times weekly Walk Jog/Run Weights
 Other

Family Medical History

No knowledge of family history

Diagnoses

	Mother	Father	Sister	Brother	Daughter	Son	Maternal Grandmother	Paternal Grandmother	Maternal Grandfather	Paternal Grandfather	Maternal Aunt	Paternal Aunt	Maternal Uncle	Paternal Uncle	First Cousin
Barrett's Esophagus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Celiac Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colon Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crohn's Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dementia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Esophagus Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gallbladder Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart Disease/Heart Attack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High Cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kidney Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liver Cancer/Liver Disease/Cirrhosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ovarian Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pancreatic Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prostate Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small Bowel Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stomach Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke/TIA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ulcerative colitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uterine Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Review of System

<p>Allergic/Immunologic</p> <p><input type="radio"/> None</p> <p>HIV exposure <input type="radio"/> Yes <input type="radio"/> No</p> <p>Allergies, seasonal <input type="radio"/> Yes <input type="radio"/> No</p> <p>Immune deficiency <input type="radio"/> Yes <input type="radio"/> No</p> <p>Hepatitis <input type="radio"/> Yes <input type="radio"/> No</p>	<p>Eyes</p> <p><input type="radio"/> None</p> <p>loss of vision <input type="radio"/> Yes <input type="radio"/> No</p> <p>cataracts <input type="radio"/> Yes <input type="radio"/> No</p> <p>glaucoma <input type="radio"/> Yes <input type="radio"/> No</p>	<p>Integumentary</p> <p><input type="radio"/> None</p> <p>itching <input type="radio"/> Yes <input type="radio"/> No</p> <p>jaundice <input type="radio"/> Yes <input type="radio"/> No</p> <p>lesions <input type="radio"/> Yes <input type="radio"/> No</p> <p>rashes <input type="radio"/> Yes <input type="radio"/> No</p>
<p>Cardiovascular</p> <p><input type="radio"/> None</p> <p>chest pain <input type="radio"/> Yes <input type="radio"/> No</p> <p>dyspnea/shortness of breath with exercise <input type="radio"/> Yes <input type="radio"/> No</p> <p>irregular heart beat <input type="radio"/> Yes <input type="radio"/> No</p> <p>palpitations <input type="radio"/> Yes <input type="radio"/> No</p> <p>swelling <input type="radio"/> Yes <input type="radio"/> No</p> <p>congestive heart failure <input type="radio"/> Yes <input type="radio"/> No</p>	<p>Gastrointestinal</p> <p><input type="radio"/> None</p> <p>abdominal pain <input type="radio"/> Yes <input type="radio"/> No</p> <p>abdominal swelling/bloating <input type="radio"/> Yes <input type="radio"/> No</p> <p>change in bowel habits <input type="radio"/> Yes <input type="radio"/> No</p> <p>constipation <input type="radio"/> Yes <input type="radio"/> No</p> <p>diarrhea <input type="radio"/> Yes <input type="radio"/> No</p> <p>gas <input type="radio"/> Yes <input type="radio"/> No</p> <p>heartburn <input type="radio"/> Yes <input type="radio"/> No</p> <p>nausea <input type="radio"/> Yes <input type="radio"/> No</p> <p>rectal bleeding <input type="radio"/> Yes <input type="radio"/> No</p> <p>stomach cramps <input type="radio"/> Yes <input type="radio"/> No</p> <p>vomiting <input type="radio"/> Yes <input type="radio"/> No</p> <p>fecal incontinence <input type="radio"/> Yes <input type="radio"/> No</p> <p>trouble swallowing <input type="radio"/> Yes <input type="radio"/> No</p> <p>rectal pain <input type="radio"/> Yes <input type="radio"/> No</p> <p>blood in stool <input type="radio"/> Yes <input type="radio"/> No</p> <p>hemorrhoids <input type="radio"/> Yes <input type="radio"/> No</p>	<p>Musculoskeletal</p> <p><input type="radio"/> None</p> <p>arthritis <input type="radio"/> Yes <input type="radio"/> No</p> <p>back pain/chronic <input type="radio"/> Yes <input type="radio"/> No</p> <p>gout <input type="radio"/> Yes <input type="radio"/> No</p> <p>joint pain <input type="radio"/> Yes <input type="radio"/> No</p> <p>muscle weakness <input type="radio"/> Yes <input type="radio"/> No</p>
<p>Constitutional</p> <p><input type="radio"/> None</p> <p>fatigue <input type="radio"/> Yes <input type="radio"/> No</p> <p>fever <input type="radio"/> Yes <input type="radio"/> No</p> <p>loss of appetite <input type="radio"/> Yes <input type="radio"/> No</p> <p>sweats <input type="radio"/> Yes <input type="radio"/> No</p> <p>weight gain <input type="radio"/> Yes <input type="radio"/> No</p> <p>weight loss <input type="radio"/> Yes <input type="radio"/> No</p> <p>chills <input type="radio"/> Yes <input type="radio"/> No</p>	<p>Genitourinary</p> <p><input type="radio"/> None</p> <p>frequent urinary infections <input type="radio"/> Yes <input type="radio"/> No</p> <p>frequent urination <input type="radio"/> Yes <input type="radio"/> No</p> <p>hematuria/blood in urine <input type="radio"/> Yes <input type="radio"/> No</p> <p>nocturia/night time urination <input type="radio"/> Yes <input type="radio"/> No</p> <p>urinary incontinence <input type="radio"/> Yes <input type="radio"/> No</p>	<p>Neurological</p> <p><input type="radio"/> None</p> <p>dizziness <input type="radio"/> Yes <input type="radio"/> No</p> <p>frequent headaches <input type="radio"/> Yes <input type="radio"/> No</p> <p>migraine <input type="radio"/> Yes <input type="radio"/> No</p> <p>numbness or tingling <input type="radio"/> Yes <input type="radio"/> No</p> <p>seizures <input type="radio"/> Yes <input type="radio"/> No</p> <p>tremors <input type="radio"/> Yes <input type="radio"/> No</p> <p>vertigo <input type="radio"/> Yes <input type="radio"/> No</p> <p>memory loss <input type="radio"/> Yes <input type="radio"/> No</p>
<p>ENMT</p> <p><input type="radio"/> None</p> <p>sore throat <input type="radio"/> Yes <input type="radio"/> No</p> <p>hearing loss <input type="radio"/> Yes <input type="radio"/> No</p> <p>hoarseness <input type="radio"/> Yes <input type="radio"/> No</p> <p>throat clearing <input type="radio"/> Yes <input type="radio"/> No</p> <p>mucus formation in throat <input type="radio"/> Yes <input type="radio"/> No</p>	<p>Hematologic/Lymphatic</p> <p><input type="radio"/> None</p> <p>easy bruising <input type="radio"/> Yes <input type="radio"/> No</p> <p>prolonged bleeding <input type="radio"/> Yes <input type="radio"/> No</p> <p>blood transfusions <input type="radio"/> Yes <input type="radio"/> No</p> <p>anemia/chronic <input type="radio"/> Yes <input type="radio"/> No</p> <p>blood thinners/currently <input type="radio"/> Yes <input type="radio"/> No</p>	<p>Psychiatric</p> <p><input type="radio"/> None</p> <p>anxiety <input type="radio"/> Yes <input type="radio"/> No</p> <p>depression <input type="radio"/> Yes <input type="radio"/> No</p> <p>difficulty sleeping <input type="radio"/> Yes <input type="radio"/> No</p> <p>nervousness <input type="radio"/> Yes <input type="radio"/> No</p> <p>panic attacks <input type="radio"/> Yes <input type="radio"/> No</p>
<p>Endocrine</p> <p><input type="radio"/> None</p> <p>excessive thirst <input type="radio"/> Yes <input type="radio"/> No</p> <p>hair loss <input type="radio"/> Yes <input type="radio"/> No</p> <p>heat intolerance <input type="radio"/> Yes <input type="radio"/> No</p>		<p>Respiratory</p> <p><input type="radio"/> None</p> <p>asthma <input type="radio"/> Yes <input type="radio"/> No</p> <p>cough <input type="radio"/> Yes <input type="radio"/> No</p> <p>shortness of breath <input type="radio"/> Yes <input type="radio"/> No</p> <p>wheezing <input type="radio"/> Yes <input type="radio"/> No</p> <p>sleep apnea with c-pap <input type="radio"/> Yes <input type="radio"/> No</p> <p>sleep apnea without c-pap <input type="radio"/> Yes <input type="radio"/> No</p>

Pharmacy

Name: _____

Location: _____

Reviewed with

Patient Parent Guardian Not Present

Signature

Signature _____

Date _____

**Mid-America Gastro-Intestinal Consultants P.C.
Saint Lukes GI Diagnostics LLC
Plaza Anesthesia P.C.**

Authorization for Disclosure of Health Information

Patient Name: _____ **Date of Birth:** _____

*I authorize the use or disclosure of the above named individual's health information as described below.
The following individual or organization is authorized to make the disclosure:*

Name: Mid-America Gastro-Intestinal Consultants, PC / Saint Lukes GI Diagnostics, LLC / Plaza Anesthesia, PC
Address: 4321 Washington
Kansas City, MO 64111

In order to protect your confidentiality and to comply the government regulations (HIPAA), the above organizations are required to obtain authorization from you in order to leave messages and/or provide information regarding your care.

I give my consent to the physicians and staff to leave messages or discuss appointments/scheduling, treatment, surgery, lab, radiology results, financial or other information regarding my care as follows:

- a) On answering machine or voice mail on **home phone**?
___ **YES:** (If yes: ___ Brief/ ___ Detailed message) ___ **NO**
- b) On answering machine or voice mail on **work phone**?
___ **YES:** (If yes: ___ Brief/ ___ Detailed message) ___ **NO**
- c) On answering machine or voice mail on **cell phone**?
___ **YES:** (If yes: ___ Brief/ ___ Detailed message) ___ **NO**
- d) May we send emails to your provided **email address**?
___ **YES:** (If yes: ___ Brief/ ___ Detailed message) ___ **NO**

e) **Spouse or legal representative:**

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. I understand this authorization will expire in one (1) year. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand that I may inspect or copy the information to be used or disclosed, as provided in CFR 164-524. I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact: (816) 561-2000.

Signature of patient or legal representative

Signature of Witness

Date: _____

Date: _____

PLEASE NOTE: This information has been disclosed to you from confidential records protected from disclosure by the state and federal law. No further disclosure of this information should be done without specific, written and informed release of the individual to whom it pertains or as permitted by state law (ORC-3701.243) and federal law 42 CFR, part II.

SEE OTHER SIDE →

FINANCIAL POLICY & DISCLOSURE

Thank you for choosing Mid-America Gastro-Intestinal Consultants and Saint Luke's - G. I. Diagnostics, LLC for your health care needs. It is our goal to make the financial aspects of your health care as convenient and efficient as possible. Please read the following billing policies to understand your financial responsibilities as a patient.

INSURANCE AND PAYMENT POLICY

We are participating providers with Medicare and most major insurance plans. The patient should know if the physician and, if applicable, the facility where the procedure will be performed participates with your insurance plan. If your insurance plan is an HMO or EPO and requires a referral form from your primary care physician, it is your responsibility to obtain prior to your appointment. It is important for you to know your out-of-pocket costs not covered by your insurance which include deductibles, co-payments, co-insurance and non-covered services. You will be responsible for payment in full of any balance on your account upon receipt of your Explanation of Benefits from your insurance company or a balance due statement from our office. Co-pays are due at the time of service.

PAYMENT METHODS

We accept payment by cash, check or money order, VISA, MasterCard or Discover. There will be a \$35.00 service charge on all returned checks.

SELF-PAY PATIENTS

Patients will be required to pay in full the estimated charges prior to procedures being performed. Office visits are to be paid in full at the time of service.

BALANCE DUE STATEMENTS

You will receive an itemized statement on any outstanding balance on your account. Statements are mailed monthly. The balance should be paid in full unless financial arrangements have been made with our business office. Past due accounts will be reviewed for possible collection proceedings.

PROCEDURE APPOINTMENTS - CANCELLATIONS/RESCHEDULED

We make every effort to accommodate your scheduling needs. It is important to be on time for your procedure, arriving early as requested, and to notify us in the event you need to reschedule your appointment. We reserve for our patients, the amount of time we need to provide quality health care. Therefore, sufficient notice to change your procedure appointment is necessary in order to offer this time to another patient.

We require a minimum of three (3) business days prior to your scheduled procedure appointment for any cancellation or rescheduling needs.

PROCEDURE APPOINTMENTS CANCELLED/RESCHEDULED WITHOUT SUFFICIENT NOTICE (3 BUSINESS DAYS) WILL INCUR A CHARGE OF \$100. THIS CHARGE IS NOT COVERED OR PAID BY ANY INSURANCE COMPANY; THEREFORE THE CHARGE WILL BE BILLED DIRECTLY TO THE PATIENT.

DEDUCTIBLES

The business office will contact you once benefits have been verified with your insurance plan. Deductible amounts are the responsibility of the patient. Advance payment is required on procedure appointments.

PRE-CERTIFICATION

We will contact your insurance company to obtain pre-certification on procedures scheduled by our office. Pre-certification does not guarantee coverage and/or payment by your insurance plan. It is your responsibility to know the extent of coverage for services provided by our office.

PROCEDURE BILLINGS

If your procedure is done in our endoscopy center, you will receive two bills; one for the physician's professional services and the other for facility fees. The professional fee is billed by Mid-America Gastro-Intestinal Consultants and reflects the services provided by the physician. The facility fee is billed by Saint Luke's - G. I. Diagnostics, LLC.

You may receive a statement from Plaza Anesthesia. This company bills for anesthesia services provided during your procedure.

Any pathology performed during your procedure will be billed by the entity providing the service.

OWNERSHIP

Saint Lukes - GI Diagnostics, LLC is majority owned by Saint Luke's Hospital, in part with physicians of Mid-America Gastro-Intestinal Consultants. Plaza Anesthesia is currently owned and operated by physicians of Mid-America Gastro-Intestinal Consultants. If you are concerned about your referral to the center, arrangements can be made to schedule your evaluation at an alternative site.

I have read, understand and accept the above financial policies & disclosures.

Patient's Name

Date