NVGI MEDICAL GROUP
NEW PROBLEM INTAKE SHEET FOR DR. ALEX KIM

NAME: _____ PHONE NUMBER: _____
DOB: _____

Reason for Visit: _____

REVIEW OF CURRENT HEALTH:

GEN: Fevers Chills Night Sweats Weight Loss
SKIN: Itchy Skin Unexplained Rash Jaundice
HEENT: Eye Pain Sleep Apnea Oral Sores
RESP: Difficulty Breathing Wheezing
CARDIO: Chest Pain Irregular Heartbeat
GI: Pain with Swallowing Difficulty Swallowing Heartburn Reflux Abdominal Pain Black Stools Blood in Stools

NEURO: Seizures Fainting Headaches
PYSCH: Mood Changes Depression Suicidal
ENDO: Heat/Cold Intolerance Thyroid Disease
HEME: Excess Bleeding Spontaneous Bleeding Prolonged Bleeding Blood Transfusions
GU: Cola Colored Urine Pain with Urination
MUSCULOSKELETAL: Joint Swelling Joint Pain

FAMILY HISTORY: _____

Colon Cancer--	Y	N	_____
Colon Polyps--	Y	N	_____
Chronic Liver Disease--	Y	N	_____
Inflammatory Bowel Disease--	Y	N	_____
Autoimmune Disorders--	Y	N	_____

PRIOR COLONOSCOPY:
Y N _____

PROBLEMS WITH SEDATION:
Y N _____

MEDICATION ALLERGIES:
Y N _____

Tobacco: Y N _____

Alcohol: Y N _____

Recreational Drugs: Y N _____

MEDICAL/SURGICAL HISTORY:

MEDICATIONS: / Vitamins