VASANTHA PAI, MD PC 2810 Frank Scott Parkway, Suite 716 Belleville, IL 62223

Tel: 618.355.0880 Fax: 618.355.0881

PATIENT INFORMATION

Name (Last, First, M.I.):					Gender:	M □ F	DOB:
Address (Street, Cit	ty, State, Zip):						
Marital status:	□ Single	□ Partnered	□ Married	□ Separated	□ Divorced		1
Primary Care Physician:					SSN:		

Would you like your medical information released to anyone else?		□ Yes	□ No
Name:	Relationship:		

INSURANCE INFORMATION

Primary Insurance Company:	ID Number:	Group Number:
Cardholder Name (Last, First, M.I.):	Cardholder SSN:	Cardholder DOB:

Secondary Insurance Company:	ID Number:	Group Number:	
Cardholder Name (Last, First, M.I.):	Cardholder SSN:	Cardholder DOB:	

PATIENT HISTORY

Reason for Visit	

Past Medical History	
Do you have a history of:	□ Pacemaker □ Artificial Heart Valve □ Defibrillator □ High Blood Pressure □ Heart Disease □ Diabetes □ Strokes □ Colon Cancer □ Other Cancer □ Gastrointestinal Disorders
Please describe:	
Have you had a:	□ Colonoscopy □ EGD If so, when?

Past Surgical History Date Surgery Date			
Surgery	Date		

Family History	
Does anyone in your family have a history of:	□ High Blood Pressure □ Heart Disease □ Diabetes □ Strokes □ Colon Cancer □ Other Cancer □ Gastrointestinal Disorders
Please describe:	
What is the relationship to the patient?	

Do you smoke cigarettes?		Yes	No		
How many packs per day?		For how many years?			

Do you drink alcohol?				□ Yes	🗆 No
How many drinks per day?		For how many years?			

Allergies				

Medications			
Name	Dosage		