



The Baton Rouge Clinic, AMC

General Information

Name

Date

Physician List

Primary Care Physician:

Address:

Phone:

Fax:

Cardiologist:

Address:

Phone:

Fax:

Psychologist:

Address:

Phone:

Fax:

Psychiatrist:

Address:

Phone:

Fax:

Pulmonologist:

Address:

Phone:

Fax:

Endocrinologist:

Address:

Phone:

Fax:

Orthopedic Surgeon:

Address:

Phone:

Fax:

Other:

Address:

Phone:

Fax:

Mark all that Apply:

No known drug allergies

Allergies: list all

Hypertension

Diabetes Mellitus

Obstructive Sleep Apnea

Hyperlipidemia

Thyroid problems

Gastroesophageal Reflux Disease

Seizures

Blood Clots

Kidney Problems

Chronic Brochitis

Arthritis

Stroke

Myocardial Infarction (heart attack)

Asthma

Liver problems

Insulin Resistance

List all past surgical history:

Gastroesophageal Reflux Disease

Please complete the following section, even if you have not been diagnosed with GERD

How often do you have reflux during the day?

- Occasionally
- Most weeks
- Most days
- Everyday
- Many times per day

Do you suffer from heartburn/indigestion during the night? If so, how often?

- Occasionally
- Most weeks
- Most days
- Everyday
- Many times per night

Does food or fluid reflux in the mouth? Yes No

Do you vomit with reflux? Yes No

Treatments you use for reflux and heartburn/indigestion (prescribed and/or over the counter)

Zantac Nexium Tagamed Prilosec Pepcid Prevacid Surgery

Social Data

Do you drink coffee? Yes No

If yes, how often? Rarely Most Months Most Weeks Most Days Everyday

If yes, do you tend to binge? Yes No

Do you have a history of drug or alcohol addiction? Yes No

If yes, how long have you been drug or alcohol free? Years & Months

If yes, what treatment did you receive?

Residential Treatment Counseling Support Groups (ex:AA)

