Carolina RHI

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Please complete this form before your appointment. Print and bring, fax, or email it.

Visit Type: ■ New Patient ■ Follow-up Patient

Name: _____ DOB: _____

Insurance (new or changes only): _____

Policy/ID #: _____ Phone: _____ Email: _____

Past Medical History (PMH) ■ No changes since last visit

Past Surgical History (PSH) ■ No changes since last visit

Family History (FH) ■ No changes since last visit

Social History (SH) ■ No changes since last visit

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Medications & Allergies ■ No changes since last visit

_____

_____

Review of Systems (check all that apply) ■ No changes since last visit

■ Constitutional
■ ENT
■ Pulmonary
■ GU
■ Skin
■ Psych
■ Heme/Immune
■ Eyes
■ Cardiac
■ GI
■ MSK
■ Neuro
■ Endocrine

Colorectal Symptoms (check all that apply)

■ Anal pain/itching/swelling
■ Discharge
■ Constipation
■ Incontinence
■ Change in stool caliber
■ Bleeding
■ Prolapse
■ Diarrhea
■ Straining
■ Abdominal pain/bloating

History of Present Illness (HPI)

Chief Complaint: _____

Onset (when symptoms began): _____

Quality/Severity: _____

Associated Symptoms: _____

What makes symptoms better?: _____

What makes symptoms worse?: _____

Prior treatments tried: _____

Context (when/where/how symptoms occur): _____

Patient Signature: _____ Date: _____