

  
**Digestive Health Associates**  
*of Texas, P.A.*

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**Past Medical History**

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**Past Surgical History**

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**Allergies**

**Medications**

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I drink \_\_\_\_ number of alcoholic drinks \_\_\_\_ Daily \_\_\_\_ Weekly

I smoke \_\_\_\_ pack(s) of cigarettes daily

**Family History**

Mother \_\_\_\_\_ Father \_\_\_\_\_

Siblings \_\_\_\_\_ Other \_\_\_\_\_

Have you had a colonoscopy in the past?      Yes      No

If so, did you have any polyps removed?      Yes      No

Year of most recent colonoscopy, if performed

**Additional Information:**