Thomas P. Short, M.D.
1304 Somerville Road
Decatur, Alabama 35601
(256) 260-2333

PATIENT HISTORY

Date: _____

Name: _____ Date of Birth: _____

Phone Number: _____ Referring Doctor: _____

Procedure Requested: Colonoscopy (colon): _____ EGD (stomach): _____

Do you have abdominal pain? ❑ Yes ❑ No

Chief Complaint: _____

Allergies to Medication: _____

List of Current Medications: _____

_____

_____

When was your last colonoscopy? _____

Colon Surgery: ❑ Yes ❑ No

Family History: Colon cancer ❑ Yes ❑ No Colon polyps ❑ Yes ❑ No

List any serious illness and / or surgeries: _____

_____

I affirm that the above information is accurate: _____

(Signature of parent or guardian is required.)