Gastroenterology Specialists
of Southwest Florida
DIPLOMATE, AMERICAN BOARD OF GASTROENTEROLOGY

1656 Medical Blvd Suite 301. Naples, FL 34110
Phone: (239) 593-6201 Fax: (239) 593-6202
www.gastronaples.com

✦ STEVEN A. MECKSTROTH MD. ✦ KARINA HOOPER PA-C ✦ WILLIAM GONZALEZ PA-C ✦

Patient Information

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____

Race

- ⬭ White/Caucasian
- ⬭ Black or African American
- ⬭ Asian
- ⬭ American Indian or Alaska Native
- ⬭ Native Hawaiian or Other Pacific Islander
- ⬭ Mixed
- ⬭ Other
- ⬭ Unknown
- ⬭ Patient declines to provide information

Ethnicity

- ⬭ Hispanic or Latino
- ⬭ Not Hispanic or Latino
- ⬭ Patient declines to provide information

Gender

- ⬭ Male
- ⬭ Female
- ⬭ Other

Preferred Language

- ⬭ English
- ⬭ Spanish
- ⬭ Other: _____

Contact Preference

- ⬭ Letter
- ⬭ Mobile Phone
- ⬭ Home Phone
- ⬭ Other: _____

Allergies

- ⬭ Patient has **no** known allergies
- ⬭ Patient has **no** known drug allergies

- ⬭ Codeine Sulfate
- ⬭ Penicillin
- ⬭ Sulfa (Sulfonamide Antibiotics)
- ⬭ Anesthesia
- ⬭ Other _____

Revised 11/2019

Gastroenterology Specialists
of Southwest Florida
DIPLOMATE, AMERICAN BOARD OF GASTROENTEROLOGY

1656 Medical Blvd Suite 301. Naples, FL 34110
Phone: (239) 593-6201 Fax: (239) 593-6202
www.gastronaples.com

Current Medications

◯ None

Name Dose How taken?

_____

_____

_____

_____

Immunizations

◯ None ◯ Hep A, adult ◯ Hep B, adult

Diagnostic Studies/Test

◯ None

Past or Present Medical Conditions

◯ None

◯ Anemia ◯ Heart Murmurs ◯ Asthma
◯ Crohn's Disease ◯ Irregular Heart Beat ◯ Chronic Lung Disease
◯ Duodenal Ulcer ◯ Osteoarthritis ◯ Lupus
◯ Hepatitis C ◯ Rheumatoid Arthritis ◯ High Cholesterol
◯ Glaucoma ◯ Colitis ◯ Kidney Failure
◯ Back Pain (Chronic) ◯ Diabetes Mellitus ◯ Parkinson
◯ Depression ◯ Gallstones ◯ Uterine Cancer
◯ Heart Attack ◯ IBS ◯ Colon Polyps
◯ History of Suicide Attempt ◯ Ulcerative Colitis ◯ Diverticulosis
◯ Migraines ◯ Skin Cancer ◯ Hepatitis B
◯ Rheumatic Fever ◯ Stroke ◯ Kidney Stones
◯ Thyroid Disorder ◯ High Blood Pressure ◯ Atrial Fibrillation
◯ Cirrhosis ◯ Chronic Kidney Disease ◯ Congestive Heart Failure
◯ Pancreatitis ◯ Paralysis ◯ Gout
◯ Fatty Liver ◯ Seizures ◯ High Triglycerides
◯ Hiatal Hernia ◯ Colon Cancer ◯ TB exposure
◯ Stomach Ulcer ◯ Diverticulitis ◯ Pneumonia
◯ Breast Cancer ◯ Hepatitis ◯ Sleep Apnea
◯ Emphysema ◯ Lactose Intolerance ◯ Other:_____

Revised 11/2019

Gastroenterology Specialists
of Southwest Florida
DIPLOMATE, AMERICAN BOARD OF GASTROENTEROLOGY

1656 Medical Blvd Suite 301. Naples, FL 34110
Phone: (239) 593-6201 Fax: (239) 593-6202
www.gastronaples.com

Previous Procedures

◯ None

◯ Colonoscopy
◯ Gallbladder Removed
◯ Tonsillectomy
◯ Breast Augmentation
◯ EGD
◯ Hysterectomy
◯ Pacemaker
◯ Liver Biopsy
◯ Adenoidectomy
◯ Joint Surgery
◯ Nephrectomy
◯ Hemorrhoidectomy
◯ C-Section
◯ Prostatectomy
◯ Gastric By-Pass
◯ Coronary Artery Bypass Surgery
◯ Cardiac Surgery
◯ Thyroidectomy
◯ Gastric Band

Social History

Number of Children: _____ Occupation: _____

Alcohol

◯ None

Type	Quantity	Number	Frequency

Tabacco / Smoking Status

◯ None

◯ Current every day smoker
◯ Smoker, current status unknown
◯ Current some day smoker
◯ Unknown if ever smoked
◯ Former smoker
◯ Never

Drug Use

◯ None

	Type	Quantity	Number	Frequency
◯ Narcotics				
◯ Other				

Exercise

◯ None

◯ I walk
◯ Lift Weights
◯ I jog
◯ I swim
◯ I bike
◯ I do aerobics
◯ I golf
◯ Tennis

Revised 11/2019

Gastroenterology Specialists
of Southwest Florida
DIPLOMATE, AMERICAN BOARD OF GASTROENTEROLOGY

1656 Medical Blvd Suite 301. Naples, FL 34110
Phone: (239) 593-6201 Fax: (239) 593-6202
www.gastronaples.com

Family Medical History

⬭ No knowledge of family history

No family history of

⬭ Colon Cancer ⬭ Polyps

Diagnoses	Mother	Father	Sister	Brother	Daughter	Son	Grandmother	Grandfather	Other	Unkwown
Colon Cancer	O	O	O	O	O	O	O	O	O	O
Colon Polyps	O	O	O	O	O	O	O	O	O	O
Ulcerative Colitis, unspecified	O	O	O	O	O	O	O	O	O	O
Crohn's Disease	O	O	O	O	O	O	O	O	O	O
Diabetes	O	O	O	O	O	O	O	O	O	O
Cancer: _____	O	O	O	O	O	O	O	O	O	O
Esophageal Cancer	O	O	O	O	O	O	O	O	O	O
Impaired gallbladder function	O	O	O	O	O	O	O	O	O	O
Heart Trouble	O	O	O	O	O	O	O	O	O	O
Liver Disease	O	O	O	O	O	O	O	O	O	O
Pancreas Disease/Cancer	O	O	O	O	O	O	O	O	O	O
Stomach Cancer	O	O	O	O	O	O	O	O	O	O
Ulcer Disease	O	O	O	O	O	O	O	O	O	O
Irritable Bowel Syndrome	O	O	O	O	O	O	O	O	O	O

Revised 11/2019

Gastroenterology Specialists
of Southwest Florida
DIPLOMATE, AMERICAN BOARD OF GASTROENTEROLOGY

1656 Medical Blvd Suite 301. Naples, FL 34110
Phone: (239) 593-6201 Fax: (239) 593-6202
www.gastronaples.com

Review of Systems

Allergic/Immunologic

⬭ None	Yes	No
HIV Exposure	O	O
Persistent Infections	O	O
Strong allergic reactions or urticarial	O	O

Cardiovascular

⬭ None	Yes	No
Chest pain	O	O
Dyspnea with exercise	O	O
Irregular heart beat	O	O
Orthopnea	O	O
Palpitations	O	O
Peripheral edema	O	O
Syncope	O	O

Constitutional

⬭ None	Yes	No
Fatigue	O	O
Fever	O	O
Loss of appetite	O	O
Malaise	O	O
Sweats	O	O
Weight gain	O	O
Weight loss	O	O

ENMT

⬭ None	Yes	No
Difficulty swallowing	O	O
Dizziness	O	O
Ear pain	O	O
Nasal obstruction	O	O
Nose bleeds	O	O
Sore Throat	O	O
Hearing Loss	O	O

Endocrine

⬭ None	Yes	No
Excessive thirst	O	O
Hair loss	O	O
Heat intolerance	O	O

Eyes

⬭ None	Yes	No
Double vision	O	O
Loss of vision	O	O
Photophobia	O	O

Gastrointestinal

⬭ None	Yes	No
Abdominal swelling	O	O
Change in bowel habits	O	O
Constipation	O	O
Diarrhea	O	O
Gas	O	O
Heartburn	O	O
Jaundice	O	O
Nausea	O	O
Rectal bleeding	O	O
Stomach cramps	O	O
Vomiting	O	O
Difficulty swallowing	O	O
Dyspepsia	O	O
Abdominal pain, upper	O	O
Abdominal pain, lower	O	O
Anal/rectal pain	O	O
Belching	O	O
Black stools	O	O
Bloating	O	O
Dairy intolerance	O	O
Hemorrhoids	O	O
Mucus in Stool	O	O
Pain with bowel movement	O	O
Rectal urgency	O	O
Reflux	O	O
Soiling stool/ incontinence	O	O
Weight loss less than 10 lbs.	O	O
Weight loss more than 10 lbs.	O	O
Weight gain less than 10 lbs.	O	O
Weight gain more than 10 lbs.	O	O

Genitourinary

⬭ None	Yes	No
Dark Urine	O	O
Decrease in urine flow	O	O
Dysuria	O	O
Frequent urinary infections	O	O
Frequent urination	O	O
Hematuria	O	O
Nocturia	O	O
Urethral discharge or incontinence	O	O

Hematologic/Lymphatic

⬭ None	Yes	No
Bleeding gums or palpable lymph nodes	O	O
Easy bruising	O	O
Prolonged bleeding	O	O

Integumentary

⬭ None	Yes	No
Allergies	O	O
Dryness	O	O
Hives	O	O
Itching	O	O
Jaundice	O	O
Lesions	O	O
Rashes	O	O

Musculoskeletal

⬭ None	Yes	No
Arthritis	O	O
Back pain	O	O
Gout	O	O
Joint pain	O	O
Muscle weakness	O	O
Stiffness	O	O

Neurological

⬭ None	Yes	No
Dizziness	O	O
Fainting	O	O
Frequent headaches	O	O
Migraine	O	O
Numbness or tingling	O	O
Seizures	O	O
Tremors	O	O
Vertigo	O	O
Memory loss	O	O

Psychiatric

⬭ None	Yes	No
Anxiety	O	O
Depression	O	O
Difficulty sleeping	O	O
Hallucinations	O	O
Nervousness	O	O
Panic attacks	O	O
Paranoia	O	O

Reparatory

⬭ None	Yes	No
Asthma	O	O
Dyspnea	O	O
Excessive sputum	O	O
Coughing up blood	O	O
Shortness of breath with exercise	O	O
Wheezing	O	O

Gastroenterology Specialists
of Southwest Florida
DIPLOMATE, AMERICAN BOARD OF GASTROENTEROLOGY

1656 Medical Blvd Suite 301. Naples, FL 34110
Phone: (239) 593-6201 Fax: (239) 593-6202
www.gastronaples.com

Patient Demographics

Name: _____
Last First Middle Initial

DOB: _____ **Sex:** M ☐ F ☐ **Marital Status**: M ☐ S ☐ W ☐ D ☐

Current Address: _____
City State Zip

Northern Address (If any): _____
City State Zip

Home Phone: _____ **Cell Phone:** _____

Northern Phone: _____ **Work Phone:** _____

Email: _____

Emergency Contact Name: _____ **Relationship**: _____ **Phone:** _____

Employer: _____ **Occupation**: _____

DO NOT COMPLETE THIS SECTION IF ALREADY VERIFIED AT CHECK-IN

Referring Doctor: _____ **Phone:** _____

Primary Care Doctor: _____ **Phone:** _____

Preferred Pharmacy: _____ **Phone or Address:** _____

Primary Insurance Name: _____ **Member ID:** _____

Subscriber Name and Date of Birth (ONLY If other than patient): _____

Secondary Insurance Name: _____ **Member ID:** _____

Subscriber Name & Date of Birth (ONLY If other than patient): _____

Revised 11/2019

Gastroenterology Specialists
of Southwest Florida
DIPLOMATE, AMERICAN BOARD OF GASTROENTEROLOGY

1656 Medical Blvd Suite 301. Naples, FL 34110
Phone: (239) 593-6201 Fax: (239) 593-6202
www.gastronaples.com

✦ STEVEN A. MECKSTROTH MD. ✦ KARINA HOOPER PA-C ✦ WILLIAM GONZALEZ PA-C ✦

INSURANCE

In an area of different insurances policies, our office staff cannot possibly know the terms of your individual policy. Please review your plan booklet or check with your insurance representative if you are unsure whether services at Gastroenterology Specialists of Southwest Florida, P.A. are covered under your policy.

It is your responsibility to know if your visit, procedure or in-office test needs to be pre-authorized by your insurance company.

It is your responsibility to know if we participate with your insurance company, or if you will have to use your out-of-network benefits (if any available – This ONLY applies to MEDICARE REPLACEMENT POLICIES).

If your insurance plan is terminated after we have checked eligibility or if your employer terminates your coverage retroactively, you will be responsible for the balance.

By printing my initials for the above described policies, I acknowledge and agree to all terms and conditions. _____

Initials

PAYMENTS

Unless other payments are approved by us in writing, your balance is due and payable when your statement is issued and past due if not received within 30 (thirty) days of the issue date on the statement. Your responsibility will be the amount indicated on your statement under "pay this amount". We reserve the right to add any fees incurred by us for additional billing and collection services. For your convenience, we accept most VISA, MasterCard, Discover, bank debit cards and personal checks. There is a $15.00 (fifteen) fee for any returned check by your bank. If necessary, we can set up a regular payment schedule for you. This form acknowledges that you have given us permission to report your account status to any credit agency such as credit bureau if the agreed upon amount is not paid each month. You understand that if your account is submitted to an attorney or collection agency, or results in litigation, or if your past due amount is reported to a credit agency, the fact that you have received treatment services at our office may become a matter of public record. Nonpayment of overdue balances may jeopardize continued care with Gastroenterology Specialist of Southwest Florida, P.A.

By printing my initials for the above described policies, I acknowledge and agree to all terms and conditions. _____

Initials

APPOINTMENTS

<u>If you are unable to keep your appointment, kindly give a 24-hour notice. Otherwise, a charge of $60.00 (sixty) may be applied to your account. Please be advised that your insurance will not cover this fee and you will be responsible.</u>

By printing my initials for the above described policies, I acknowledge and agree to all terms and conditions. _____

Initials

RECORDS

All requests for medical records must be requested in writing with a medical records release form.

You acknowledge and agree to all of the terms and conditions contained herein and this agreement will become effective on the date indicated below.

Patient's Name: _____ DOB: _____

Signature: _____ Date: _____

Revised 11/2019

Gastroenterology Specialists
of Southwest Florida
DIPLOMATE, AMERICAN BOARD OF GASTROENTEROLOGY

1656 Medical Blvd Suite 301. Naples, FL 34110
Phone: (239) 593-6201 Fax: (239) 593-6202
www.gastronaples.com

✦ STEVEN A. MECKSTROTH MD. ✦ KARINA HOOPER PA-C ✦ WILLIAM GONZALEZ PA-C ✦

PATIENT CONSENT FORM HIPPA COMPLIANT

With my consent, Gastroenterology Specialists of Southwest Florida, P.A. ("The Practice"), may use and disclose protected health information (PHI) about me to carry out treatment, payments and healthcare operations (TPO) **ONLY** to **family members and/or friends of my choosing** listed on this form. **This form is not applicable from physician to physician to discuss your treatment.**

I have the right to review this notice of privacy practices prior signing this consent. The practice reserves the right to revise its notice of privacy practices at any time. A revised notice of privacy practices may be obtained by forwarding a written request to the practice to our office address: 1656 Medical Blvd Suite 301 Naples, FL 34110.

With my consent, the practice may call my home or other designated location and leave a message on my voicemail or in person, in reference to any items that assist the practice in carrying out healthcare operations (TPO), such as appointment reminders, insurance items and any calls pertaining to my medical care, including laboratory results, among others.

With my consent, the practice may mail to my home, or other designated location, any items that assist the practice in carrying out healthcare operations (TPO), such as appointment reminders, patient's statements and others.

I have the right to request that the practice restricts how it uses or discloses my protected health information to carry out healthcare operations. However, the practice is not required to agree to my request restrictions, but if it does, it is bound by this agreement.

By signing this form, I am consenting to the practice's use and disclosure of my protected health information (PHI) to carry out healthcare operations (TPO). I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent.

I understand that if I do not list anybody on this consent, the practice WILL NOT disclose any of your protected health information to anybody but you (the patient).

☐ I wish to allow the following person(s) access to my medical records:

Name	Relationship

☐ **I wish NOT to allow anybody but me (the patient) access to my medical records.**

Patient's Name: _____ DOB: _____

Signature: _____ Date: _____

Revised 11/2019

Gastroenterology Specialists
of Southwest Florida
DIPLOMATE, AMERICAN BOARD OF GASTROENTEROLOGY

1656 Medical Blvd Suite 301. Naples, FL 34110
Phone: (239) 593-6201 Fax: (239) 593-6202
www.gastronaples.com

✦ STEVEN A. MECKSTROTH MD. ✦ KARINA HOOPER PA-C ✦ WILLIAM GONZALEZ PA-C ✦

MEDICAL RECORDS RELEASE FORM

Authorization of disclosure of protected health information by another covered entity for use by Gastroenterology Specialists of Southwest Florida, P.A.

REQUESTING TO:

Physician's Name: _____

Phone: _____ Fax: _____

Address: _____

I authorize the following medical records to be released:

- ☐ Office Visits
- ☐ Lab Results
- ☐ Radiology Reports
- ☐ Surgical Reports
- ☐ Pathology Reports
- ☐ EGD/Colonoscopy Reports

This authorization shall be in effect for one year. I understand that I have the right to revoke this authorization at any time by sending written notification to the privacy officer at 1656 Medical Blvd. Suite 301 Naples, FL 34110.

I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state laws.

I understand that I have the right to refuse to sign this authorization.

Please fax to **239-593-6202 (preferred)**
or mail to **1656 Medical Blvd Suite 301, Naples FL 34110**

Patient's Name: _____ DOB: _____

Signature: _____ Date: _____

Revised 11/2019