

METROPLEX COLON AND RECTAL SPECIALIST
RAYMOND STANIUNAS, M.D., FACS
Toll Free 1 (855) 273-2825 Fax (817) 701-0575

PATIENT HISTORY & PHYSICAL FORM #1

Name: _____ Date of Birth: _____

Reason for visit: _____

Referring Physician/Primary Care Physician (Name, address, phone & fax numbers): _____

Significant Illness (check all that apply):

High blood pressure High cholesterol Diabetes Low Thyroid Bleeding disorder

Heart disease (specify): _____

Lung disease (specify): _____

Liver disease (specify): _____

Other (specify): _____

HAVE YOU EVER HAD:

Heart attack Blood clots in your legs Rheumatic fever Hepatitis (type) _____

Surgeries: _____

Medications: _____

Do you take: Iron Calcium Blood Thinners Aspirin

Have you ever taken PHEN-FEN/REDUX or diet pills? Yes No

Allergies: None Penicillin Codeine Other (specify) _____

Social History: Diet heavy in Dairy products Diet heavy in Caffeine

Non-Smoker Smoker (_____ packs per day for _____ years)

Mailing Address: 2100 Hedgcoxe Road Suite 120, Plano, TX 75025

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PATIENT HISTORY & PHYSICAL FORM #2

NAME: _____ DATE: _____

Family History: (**maternal/paternal**)

Colon or rectal cancer Who? _____
Colon or rectal polyps Who? _____
Other cancer Who? _____

Review of Systems (**circle all** that apply):

General: Appetite loss, fatigue, fever, night sweats, weight loss

Skin: Bruising, coarse hair, dryness, excessive sweating, hair loss, jaundice

Neck: Neck mass, neck swelling, swollen glands

Respiratory: Chronic cough, difficulty, breathing on exertion, shortness of breath, wheezing

Cardiovascular: Chest pain, elevated blood pressure, heart stent, irregular heartbeat, swelling of extremities

Gastrointestinal: Abdominal pain, black/tarry stool, bloating, change in bowel habits, constipation, diarrhea, difficulty swallowing, gas, hemorrhoids, incontinence of stool, indigestion, laxative use, nausea, painful swallowing, pain with bowel movement, rectal bleeding, reflux

Genitourinary: Blood in urine, hesitancy, impotence, incontinence, painful urination, polyuria, testicular mass, urgency, urinary retention, urinating at night, frequent urinary tract infections, passing air from urethra while urinating

Psychiatric: Anxiety, change in sleep pattern, depression, insomnia, nervousness

Endocrine: Cold intolerance, excessive sweating, excessive thirst, hair changes, heat tolerance, thyroid problems, thyroid disease

Hematology: Abnormal bleeding, anemia, blood clots, easy bruising, enlarged lymph nodes, excessive bleeding, nose bleed, prolonged bleeding

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PATIENT HISTORY & PHYSICAL

NAME: _____ DATE: _____

Physical: ____ Yes ____ No Date: _____ Result: _____

EKG: ____ Yes ____ No Date: _____ Result: _____

Chest X-ray: ____ Yes ____ No Date: _____ Result: _____

PSA (prostatic specific antigen): ____ Yes ____ No Date: _____ Result: _____

Hemoccult: ____ Yes ____ No Date: _____ Result: _____

Barium Enema: ____ Yes ____ No Date: _____

Flex Proctosigmoidoscopic Exam: ____ Yes ____ No Date: _____

Colonoscopy: ____ Yes ____ No Date: _____ Result: _____

CEA (Carcinoembryonic Antigen): ____ Yes ____ No Date: _____ Result: _____

Cardiac Stress Test: ____ Yes ____ No Date: _____ Result: _____

Abdominal CAT scan: ____ Yes ____ No Date: _____ Result: _____

Abdominal Sonogram: ____ Yes ____ No Date: _____ Result: _____

PATIENT SIGNATURE: _____ DATE: _____