Naugatuck Valley
Gastroenterology
Consultants, LLC

Naugatuck Valley
Endoscopy Center, LLC

Robert I. Leventhal, MD
Thomas A. Rockoff, MD
Anthony N. Schore, MD

Eileen S. Paradis, MBA
Administrator

1312 West Main Street
Suite 101
Waterbury, CT 06708

22 Old Waterbury Road
Southbury, CT 06488

203.756.6422 office
203.756.2448 facsimile

nvgastro@gmail.com
www.planetgi.com

PATIENT UPDATE FORM

Name: ____

Address: ____________________ City: __________ State: ______ Zip: ______

Date of Birth _____/_____/_____ SS# ________________

Cell# __________ Home# __________ Email ________________

Primary Physician: ________________ Referring Physician: ________________

When were you last seen by referring physician: ________________________

Pharmacy Name: ________________ Pharm. Phone: ________________

Pharmacy Address: ______________________________________

Employer: ________________ Phone: ________________

Employer Address: ______________________________________

Primary Insurance: __________ ID#: __________ Group#: __________

Subscriber: ____________________ D.O.B. _____/_____/_____

Secondary Insurance: __________ ID#: __________ Group#: __________

Subscriber: ____________________ D.O.B. _____/_____/_____

Emergency Contact: ____________________ Phone: ________________

Signature: ____________________ Date: ________________

Naugatuck Valley
Gastroenterology
Consultants, LLC

Naugatuck Valley
Endoscopy Center, LLC

Robert I. Leventhal, MD
Thomas A. Rockoff, MD
Anthony N. Schore, MD

Eileen S. Paradis, MBA
Administrator

1312 West Main Street
Suite 101
Waterbury, CT 06708

22 Old Waterbury Road
Southbury, CT 06488

203.756.6422 office
203.756.2448 facsimile

nvgastro@gmail.com
www.planetgi.com

Reason for Today's Visit____

Have you had any of the following since your last visit?

	Yes	No	Date	Facility Name
Barium Swallow	☐	☐	______	______
Upper GI Series	☐	☐	______	______
Barium Enema	☐	☐	______	______
Ultrasound	☐	☐	______	______
CT/MRI abdomen/pelvis	☐	☐	______	______

Have you had any recent blood work? ☐ ☐

What kind?	**Date**	**Facility Name**
______	______	______
______	______	______

Have you had any stool cultures? ☐ ☐

What kind?	**Date**	**Facility Name**
______	______	______
______	______	______

Have you had any of the following?			**Date**	**Facility Name**
Endoscopy	☐	☐	______	______
Colonoscopy	☐	☐	______	______
ERCP	☐	☐	______	______
Liver Biopsy	☐	☐	______	______

			Number Per Day	**How Many Years?**
Do you use tobacco now?	☐	☐	______	______
Do you use alcohol now?	☐	☐	______	______
Do you drink coffee now?	☐	☐	______	______

GASTROINTESTINAL: Are you **currently** experiencing any of the following items below?

	Yes	No		Yes	No
Abdominal Pain	☐	☐	Diarrhea	☐	☐
Abdominal Tension	☐	☐	Gas	☐	☐
Poor Appetite	☐	☐	Indigestion/Heartburn	☐	☐
Black Tarry Stool	☐	☐	Nausea	☐	☐
Bowel Habit Changes	☐	☐	Rectal Bleeding	☐	☐
Constipation	☐	☐	Rectal Pain	☐	☐
Weight Loss	☐	☐	Vomiting	☐	☐

Naugatuck Valley
Gastroenterology
Consultants, LLC

Naugatuck Valley
Endoscopy Center, LLC

Robert I. Leventhal, MD
Thomas A. Rockoff, MD
Anthony N. Schore, MD

Eileen S. Paradis, MBA
Administrator

1312 West Main Street
Suite 101
Waterbury, CT 06708

22 Old Waterbury Road
Southbury, CT 06488

203.756.6422 office
203.756.2448 facsimile

nvgastro@gmail.com
www.planetgi.com

Please list all changes in your medical history since your last visit

Please list all hospitalizations/surgeries since your last visit. Where, When and Why.

Please list all medication allergies

Please list all of your current medication:

Medication Name	Dosage	How often you take them