

Central Alabama Gastroenterology

Derek Holcombe, MD Tiffany Patterson, CRNP
3368 Highway 280, Suite 107
Alexander City, AL 35010
Phone: 256.329.2829 Fax: 256.329.9135

Patient name: _____ Date of Birth: _____ Age: _____
Address: _____ City: _____ State: _____ Zip: _____
Home phone: _____ Cell phone: _____ Work phone: _____
Sex: _____ Social security number: _____
Who do we notify in an emergency?
Name: _____ Phone number: _____ Relationship _____

Please list below anyone we can speak with regarding your medical information or appointments:
WRITE THAT PERSON'S NAME HERE: _____ Phone: _____

What medication are you allergic to? **If none, write "none."**

What pharmacy do you use? _____
What town is your pharmacy in? _____

Date of your last colonoscopy: _____ Date of last EGD (scope down throat): _____
facility/location of last colonoscopy: _____ facility/location of last EGD: _____
Was last colonoscopy normal? _____ Was last EGD normal? _____

Have you ever had a history of polyps? _____
Have you ever been diagnosed with Colon Cancer? _____ When? _____
Do you have any family history of Colon Cancer? _____

PLEASE NOTE: Notify office at least 24 hours in advance to cancel or reschedule and office visit, office procedure, or a procedure done at Russell Medical Center. Office visit no show fee is \$50 and procedure no show fee is \$50.