DEAN C. KRAMER, M.D.

1155 N.W. 64TH TERRACE
GAINESVILLE, FL 32605
352-331-6736

The following questions are designed to obtain some general information about your health history. Please complete the FRONT and the BACK of ALL pages.

Your appointment has been scheduled for _____at _____a.m./p.m.
Please complete this form and bring it with you.

Please plan to arrive ***at least 15 minutes*** before your appointment so that you may register and have your office records prepared.

PATIENT INFORMATION (Please print or type)

Name: _____Sex: [ ] Male [ ] Female

Street address: _____

City: _____State: _____Zip: _____

Social Security #:_____Driver's License #:_____

Home phone: _____Cell Phone: _____

Email address: _____ Date of Birth: _____

Person to notify in case of emergency: _____

Address: _____ Phone Number: _____

Relationship: _____

Person responsible for payment of your professional fees: [ ] Myself [ ] Other

Other person responsible: _____

Address: _____ Phone Number: _____

Relationship: _____

Referred by: _____

INSURANCE INFORMATION

Is your illness covered by Workers' Compensation Insurance? [ ] YES [ ] NO

If you have insurance coverage, please indicate the type(s):

[ ] Medicare [ ] Medicare Number:_____

[ ] Blue Cross/Blue Shield [ ] Contract Number:_____

[ ] Other insurance coverage: (list name of carrier and contract numbers here)

_____

_____

DESCRIBE THE MEDICAL PROBLEM(S) YOU HAVE COME TO DISCUSS

_____

_____

_____

_____

_____

PREVIOUS SURGERY: (Place a mark in the box next to the type of surgery you have had and the approximate date of the surgery)

[ ] Appendix	[ ] Hernia
[ ] Colon surgery	[ ] Hemorrhoids
[ ] Cardiac pacemaker	[ ] Hysterectomy
[ ] Gastric bypass	[ ] Stomach ulcer
[ ] Gallbladder	[ ] Colonoscopy
[ ] Heart stent placement	[ ] Upper endoscopy
[ ] Open heart surgery	[ ] Other:

PREVIOUS MEDICAL PROBLEMS:

Please place a mark in the box next to the illness or illnesses that you currently have or have had in the past.

□ Crohn's Disease	□ Heart murmur	□ Rheumatic fever
□ Ulcerative colitis	□ High cholesterol	□ Rheumatoid arthritis
□ Uterine cancer	□ High blood pressure	□ Hemorrhoids
□ Esophageal reflux	□ Irritable bowel syndrome	□ Anemia
□ Helicobacter pylori infection	□ Chronic diarrhea	□ Emphysema
□ Duodenal ulcer	□ Gallstones	□ Ovarian cancer
□ Colon polyp(s)	□ Pancreatitis	□ Radiation therapy
□ Esophageal varices	□ Diverticulitis	□ Thyroid disease
□ Fibromyalgia	□ Kidney stones	□ Sleep apnea □ CPAP
□ Heart attack	□ Stroke	□ Abnormal heart rhythm
□ Migraine headaches	□ Seizures	

ALCOHOL AND TOBACCO

Do you drink alcohol? [ ] YES [ ] NO

If "YES", how much alcohol do you drink in a week?

_____ cans of beer per week _____ glasses of wine per week ____ ounces of liquor per week

Do you use tobacco products? [ ] YES [ ] NO

FAMILY HISTORY

Is your mother living? [ ] Yes [ ] No (cause of death): _____

Is your father living? [ ] Yes [ ] No (cause of death): _____

Have any immediate family members (mother, father, brother, sister, child) had any of the below conditions?

[ ] Breast cancer	[ ] Ulcerative colitis	[ ] Colon cancer
[ ] Heart attack before age 50	[ ] Colon polyps	[ ] Hypertension
[ ] Crohn's disease	[ ] Ovarian cancer	[ ] Diabetes

ALLERGIES

List any drug allergies that you have: _____

Place an "X" in the box if you are allergic to any of the following:

[ ] Eggs [ ] Latex [ ] Penicillin [ ] Soy [ ] Tape

REVIEW OF SYMPTOMS

(CHECK ALL THAT APPLY)

GENERAL	HEART AND BLOOD VESSELS	GI (CONTINUED)
☐ CHILLS	☐ CHEST PAIN ON EXERTION	☐ EXCESS GAS
☐ FATIGUE	☐ PALPITATIONS	☐ HEARTBURN
☐ FEVER	☐ SHORTNESS OF BREATH	☐ LOSS OF BOWEL CONTROL
☐ LOSS OF APPETITE	☐ SWELLING IN FEET OR ANKLES	
☐ WEIGHT GAIN _____POUNDS		**URINARY TRACT**
☐ WEIGHT LOSS _____POUNDS		☐ BLOOD IN URINE
	RESPIRATORY	☐ FREQUENT URINATION
	☐ BREATHLESS WITH EXERTION	☐ KIDNEY STONES
SKIN	☐ COUGHING UP BLOOD	☐ LOSS OF CONTROL OF URINE
☐ SKIN RASH	☐ SORE THROAT	☐ PAINFUL URINATION
☐ CHANGE IN SIZE OF MOLES	☐ SLEEP APNEA	☐ URINARY URGENCY
☐ CHANGE IN COLOR OF MOLES	☐ WHEEZING	
☐ CHANGE IN NUMBER OF MOLES		
☐ VISUAL DEFECTS	**GASTROINTESTINAL**	**NEUROLOGIC**
	☐ BLOATING AND DISTENTION	☐ STROKE
	☐ CONSTIPATION	☐ SEIZURES
EYES	☐ DIARRHEA	☐ FAINTING SPELLS
☐ GLAUCOMA	☐ DIFFICULTY SWALLOWING	☐ LOCALIZED MUSCLE WEAKNESS
☐ PAINFUL RED EYE (S)	☐ EXCESS BELCHING	
	☐ HEMORRHOIDS	**MENTAL HEALTH**
EARS, NOSE, THROAT	☐ INDIGESTION	☐ LOSS ON INTEREST IN LIFE
☐ ENLARGED LYMPH NODES	☐ PASSING BLOOD IN THE STOOL	☐ FEELINGS OF HOPELESSNESS
☐ HEARING LOSS	☐ VOMITING	☐ CRYING SPELLS FOR NO REASON
☐ HOARSENESS	☐ VOMITING BLOOD	☐ TROUBLE SLEEPING
☐ NECK MASS	☐ NAUSEA	
☐ NOSE BLEEDS	☐ PAINFUL BOWEL MOVEMENT	
☐ SORE THROAT	☐ PAINFUL SWALLOWING	

MEDICATION LIST

(PLEASE LIST *ALL MEDICATIONS* THAT YOU TAKE INCLUDING PRESCRIPTION MEDICATIONS, AS WELL AS VITAMINS, MINERALS, PAIN RELIEVERS, SUPPLEMENTS, AND PROBIOTICS)

MEDICATION	STRENGTH	# OF TIMES TAKEN DAILY
Example: Vitamin D	***1000 I.U.***	***Once***

SUPPLEMENTAL HISTORY

Maturity at birth:

☐ Full-term ☐ Premature ☐ Don't know

Mode of delivery:

☐ Vaginal delivery ☐ Cesarean section ☐ Don't know

Type of feedings as a infant:

☐ Bottle fed ☐ Breast-fed ☐ Don't know

Tolerate feedings?

☐ Were you colicky as an infant? ☐ No ☐ Yes ☐ Don't know

Your mother's history during pregnancy:

Did your mother smoke when pregnant with you?

☐ No ☐ Yes ☐ Don't know

Did your mother drink more than 1 alcoholic beverage per day during her pregnancy with you? ☐ No ☐ Yes ☐ Don't know

Did your mother use recreational drug(s) during her pregnancy with you?

☐ No ☐ Yes ☐ Don't know

Did your mother have diabetes during her pregnancy with you?

☐ No ☐ Yes ☐ Don't know

Did your mother need antibiotics during her pregnancy with you?

☐ No ☐ Yes ☐ Don't know

Preschool history: (age 1-5)

How often did you receive antibiotics between ages 1-5 (approximate)?

☐ More than once a year ☐ Less than once a year ☐ Don't know

For what condition(s):_____

_____

Did you have any of these conditions or procedures between ages 1-5?

☐ Allergies
☐ Asthma
☐ Attention deficit disorder
☐ Constipation
☐ Diarrhea
☐ Eczema
☐ Gastrointestinal illnesses
☐ Gluten sensitivity or celiac disease
☐ Picky eater
☐ Placement of drainage tubes in the ears
☐ Recurrent ear infections
☐ Recurrent tonsillitis

Middle school and high school (age 11-18)

Did you lose time from school (more than 1 week) due to illness(s)?
☐ No ☐ Yes ☐ Don't remember
If yes, what kind of illness(s)?_____
_____
Were you given antibiotics during middle school and/or high school more than once a year?
☐ No ☐ Yes ☐ Don't remember
If yes, what kind of illness(es)?_____
_____
Were you treated by a doctor for acne? ☐ No ☐ Yes ☐ Don't remember

Antibiotic usage as an adult

As an adult (over age 18) have you received treatment with antibiotics more than once a year? (Estimate) ☐ No ☐ Yes

Travel

Have you ever travelled outside of the United States? ☐ No ☐ Yes
If yes, where and when?_____
_____

Miscellaneous

Do you use any artificial sweeteners? ☐ No ☐ Yes
Is the water supplied to your residence from a deep well? ☐ No ☐ Yes
If yes, has your well water been checked by your county health department in the last 12 months for bacterial contamination? ☐ No ☐ Yes
Do you take over the counter vitamins? ☐ No ☐ Yes

Do you take probiotics? ☐ No ☐ Yes
Do you presently take any of the following stomach acid reducing medications?:
(Check all that apply)

- ☐ AcipHex (Rabeprazole)
- ☐ Dexilant (Dexlansoprazole)
- ☐ Nexium (Esomeprazole)
- ☐ Pepcid (Famotidine)
- ☐ Prevacid (Lansoprazole)
- ☐ Prilosec (Omeprazole)
- ☐ Protonix (Pantoprazole)
- ☐ Tagamet (Cimetidine)
- ☐ Zantac (Raditidine)
- ☐ Zegerid (Omeprazole-Sodium Bicarbonate)

Have you ever had surgery to remove your gallbladder? ☐ No ☐ Yes
Have you ever had weight reduction surgery? ☐ No ☐ Yes

MEDICATIONS AND SUPPLEMENTS

In the last 12 months have you taken one or more of the following items:
(Check all that apply)

- ☐ Amino acids
- ☐ Bodybuilding supplements
- ☐ Chemotherapy
- ☐ Collagen
- ☐ Cranberry pills
- ☐ Curcumin
- ☐ Energy boosters
- ☐ Fatty acids (such as omega-3 fish oil and Krill oil)
- ☐ Fiber supplements
- ☐ Ginko biloba
- ☐ Ginseng
- ☐ Glucosamine
- ☐ Immune supplements
- ☐ Laxatives
- ☐ Over-the-counter hormones
- ☐ Plant oils (seed and nut oils)
- ☐ Protein supplements (liquid or powders)
- ☐ Resveratrol
- ☐ St. John’s wort

How many times do you brush your teeth each day?

[ ] Zero
[ ] One
[ ] Two
[ ] More than 3
[ ] Three
[ ] None—wear dentures

How many times per day do you floss

[ ] Zero
[ ] One
[ ] Two
[ ] Three
[ ] More than 3
[ ] Wear dentures—do not floss

What kind of a toothbrush do you use

- [ ] Ordinary bristle toothbrush?
- [ ] Mechanical toothbrush—electric or battery driven?

For how long do you brush your teeth?

- [ ] Less than 30 seconds
- [ ] 30 to 60 seconds
- [ ] 60 to 90 seconds
- [ ] Two minutes or more
- [ ] Don’t know never, never timed it

What time of day do you drink your first glass of water?

- [ ] No set time
- [ ] First thing upon arising
- [ ] Before noon
- [ ] Before 6 PM
- [ ] Rarely drank any water at any time

How many times per day do you drink at least 8 ounces of water?

- [ ] Rarely drank water
- [ ] 1 to 3 times (8 to 24 ounces)
- [ ] 4 to 6 times (32 ounces to 48 ounces)
- [ ] 7 to 10 times (56 ounces to 80 ounces
- [ ] More than 10 times (greater than 80 ounces)

What is your ***primary*** source of water?

- [ ] Well water
- [ ] Tap water
- [ ] Alkaline water
- [ ] Spring water
- [ ] Artesian water
- [ ] Vitamin water
- [ ] Mineral water
- [ ] Purified water
- [ ] Distilled water
- [ ] Sparkling water (carbonated)

Welcome to My Practice…

Appointments

Your first appointment with Dr. Kramer will consist of an interview, examination, and discussion about your diagnosis and treatment. You should allow at least 90 minutes for this first appointment. Follow up appointments will usually last approximately 20-40 minutes.

Emergency Care

In the event of an emergency, you should call 911. If the issue is urgent, but not an emergency, and cannot wait until the next business day, you should call your primary care physician or go to an immediate care center or a local hospital emergency department. Dr. Kramer does not provide emergency department care or inpatient hospitalization services. If you are hospitalized, Dr. Kramer will arrange any follow up GI care in his office after you are discharged from the hospital.

Prescription Renewals

All prescriptions and authorizations for renewals should be requested during office hours. Refills and authorizations for renewals are typically handled within 24 hours.

***** PLEASE NOTE: All prescription renewals require that you have been seen by Dr. Kramer within the last 12 months. If it has been a year or longer since you were last seen, an office appointment will be required before a prescription will be refilled.***

Telephone Calls

You are encouraged to call the office with any questions that you have about your medical care. These questions will be answered by either Dr. Kramer or his staff during the scheduled time to return calls.

Fees and Payments

Our goal is to provide you with high quality medical care at an affordable price. We feel, however, that it is your duty to know the limits and coverage of your particular insurance policy. Since we accept many insurance plans, we cannot know the specific guidelines of every patient's policy. You are expected to pay your portion of copayments and deductibles at the time of service.

For patients with secondary insurance coverage, we will bill your secondary insurance company one time as a courtesy. If no payment is received, you will be responsible for payment.

Cancellation Policy

We strive to render excellent GI care to you and the rest of our patients. When an appointment is scheduled, that time is set aside for you, and when it is missed, that time cannot be used to treat another patient. In an attempt to be consistent with this, we have a cancellation policy as follows:

If you are unable to keep your appointment, you must call our office ***at least 24 hours prior*** to your scheduled appointment. For example, if you are scheduled for Thursday at 9 a.m., you should call us before 9 a.m. on Wednesday. If you miss an appointment without contacting our office within the required time, this is considered a missed appointment. ***A fee of $75.00 will be charged to you.*** This fee cannot be billed to your insurance company and will be your direct responsibility. No future appointments can be scheduled nor can records be transferred without the payment of this fee.

Additionally, if you are more than 20 minutes late without prior notice for a scheduled appointment, we will consider this a missed appointment and the $75.00 cancellation fee will be charged.

Your timely cancellation allows us to make your scheduled time available for others waiting to be seen.

DEAN C. KRAMER, M.D.

INTERNAL MEDICINE • GASTROENTEROLOGY

EDUCATIONAL BACKGROUND

Yale University (undergraduate)

Washington University (St. Louis) (Doctor of Jurisprudence – J.D.)

University of Missouri (Doctor of Medicine – M.D.)

Internship, General Internal Medicine, Shands Teaching Hospital, Gainesville, FL

Residency, General Internal Medicine, Shands Teaching Hospital, Gainesville, FL

Fellowship, Gastroenterology, Shands Teaching Hospital, Gainesville, FL

ACADEMIC APPOINTMENTS

Courtesy, Clinical Associate Professor of Internal Medicine,

Shands Teaching Hospital, Gainesville, FL

BOARD CERTIFICATION

Diplomate, American Board of Internal Medicine

Diplomate, American Board of Gastroenterology

DEAN C. KRAMER, M.D.

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GAINESVILLE, FL 32605
352-331-6736

DIRECTIONS TO DR. KRAMER'S OFFICE FROM I-75

1. If you are traveling north or south on I-75, take the **Newberry Road exit 387** and head east toward downtown Gainesville.
2. Drive east on Newberry Road. Turn left at the traffic light onto **N.W. 66th Street** (entrance to North Florida Regional Medical Center). The Oaks Mall is directly across the street from the North Florida Regional Medical Center.
3. Proceed north on **N.W. 66th Street.** You will pass the hospital Emergency Department on the right (east side) and a three story parking garage on the left (west side) of the street.
4. Continue straight going north on **N.W. 66th Street**. The road will curve east (to the right) about 300 feet beyond the Emergency Department.
5. Follow **N.W. 66th Street** around the curve to **N.W. 64th Terrace** which will be on your left side.
6. Turn left onto **N.W. 64th Terrace**, heading north.
7. Go 500 feet to the third driveway on your right and turn into the **Physicians Park**.
8. Drive to the **STOP** sign. Dr. Kramer's office is the red brick building on your left.
9. If you need further directions, call the office **(352-331-6736).**

DIRECTIONS TO DR. KRAMER'S OFFICE FROM DOWNTOWN GAINESVILLE

1. Drive west on University Avenue--which turns into Newberry Road at 34th Street--toward I-75.
2. Turn right at the traffic light at **NW. 66th Street** (entrance to North Florida Regional Medical Center). The Oaks Mall will be directly across the street from the Medical Center on the south side of the street.
3. Proceed north on **N.W. 66th Street.** You will pass the hospital Emergency Department on the right (east side) and a three story parking garage on the left (west side) of the street.
4. Continue straight going north on **N.W. 66th Street**. The road will curve east (to the right) about 300 feet beyond the Emergency Department.
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