

Gastroenterology Patient Questionnaire

| Date:/ | Time: | | | | | | | |
|---|-----------|-----------|---------|-------------------------------|---------------|----------|----------|------|
| Instructions: Please answer | all que | estions (| compl | etely and bring this with yo | u for your | clinic v | visit. | |
| Describe briefly the chi- trouble swallowing, live | | • | | prompted this visit/consulto | ation (i.e. d | abdon | ninal po | ain, |
| 2. How long have you ha | d this pr | roblem | ś | | | | | |
| 3. Have you seen any pre | vious p | hysicia | ns for | his problem? If so, please li | ist them. | | | |
| 4. Have you had previous | studies | s to inve | estigat | e this problem? If so, pleas | e describe | them | briefly | |
| 5. List previous treatments | or med | dicatio | ns you | have had for this problem. | | | | |
| 6. Do you have a history of | of any c | of the fo | ollowir | g conditions? (? MEANS YC | DU ARE NO | T SURE | Ξ) | |
| Conditions | Yes | No | Ś | Conditions | | Yes | No | Ś |
| Abnormal liver test | | | | Hypertension | | | | |
| AIDS | | | | Liver Disease | | | | |
| Anemia | | | | Lung Disease or Asthma | | | | |
| Blood clotting problems | | | | Pneumonia | | | | |
| Other blood disorders | | | | Rheumatic fever | | | | |
| Cancer | | | | Tuberculosis | | | | |
| Diabetes | | | | Thyroid problems | | | | |
| Gallbladder problems | | | | Ulcer Disease | | | | |
| Heart Disease | | | | Seizures or Strokes | | | | |
| Heart murmur | | | | Emotional/Psychiatric pro | blems | | | |
| Hepatitis | | | | | | | | |
| COMMENTS: | | | | | | | | |

54177

DRUG ALLERGIC REACTION

| MEDICATIONS | DOSE | TIMES PER DAY | | | | |
|--|--|---|--|--|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 5. List all other medications, wh | ich you have take | n in the last 6 months. | | | | |
| 16. Family History: | | | | | | |
| 3 | | (Indicate with "D" if deceased) | | | | |
| | | (Indicate with "D" if deceased) | | | | |
| | | _ (indicate with b indecedsed) | | | | |
| | | | | | | |
| Number of brothers | | | | | | |
| Any health problems? | | | | | | |
| Number of sisters | | | | | | |
| | | | | | | |
| , | | | | | | |
| Number of children | | | | | | |
| | | | | | | |
| Any health problems? | | | | | | |
| Any health problems? | | | | | | |
| Do you have any blood relatives | s with any of the fol | | | | | |
| Oo you have any blood relatives | s with any of the fol | | | | | |
| Oo you have any blood relatives (=Yes N=No ? (Indicates you c | s with any of the fol | lowing medical conditions? | | | | |
| Do you have any blood relatives 7=Yes N=No ? (Indicates you o | s with any of the fol | lowing medical conditions? Heart disease | | | | |
| Oo you have any blood relatives 7=Yes N=No ? (Indicates you of Breast Cancer Chronic Heartburn | s with any of the fol | lowing medical conditions? Heart disease High blood pressure | | | | |
| Oo you have any blood relatives G=Yes N=No ? (Indicates you of Breast Cancer Chronic Heartburn Colon Cancer | s with any of the fol | lowing medical conditions? Heart disease | | | | |
| Oo you have any blood relatives 7=Yes N=No ? (Indicates you of Breast Cancer Chronic Heartburn Colon Cancer Colon polyp's | s with any of the fol are not sure) | Heart disease High blood pressure Kidney disease Ovarian cancer | | | | |
| Oo you have any blood relatives Geest Cancer Chronic Heartburn Colon Cancer Colon polyp's Chron's disease or Ulcerative Co | s with any of the fol are not sure) | Heart disease High blood pressure Kidney disease Ovarian cancer Pancreatic problems/cancer | | | | |
| Oo you have any blood relatives Y=Yes N=No ? (Indicates you of the state of the st | s with any of the fol are not sure) | Heart disease High blood pressure Kidney disease Ovarian cancer Pancreatic problems/cancer Peptic ulcer disease | | | | |
| Proposed to the control of the contr | s with any of the fol are not sure) | Heart disease High blood pressure Kidney disease Ovarian cancer Pancreatic problems/cancer Peptic ulcer disease Stomach polyps/cancer | | | | |
| Proposed to the composition of t | s with any of the fol are not sure) | Heart disease High blood pressure Kidney disease Ovarian cancer Pancreatic problems/cancer Peptic ulcer disease Stomach polyps/cancer Strokes or seizures | | | | |
| Proposed to the composition of t | s with any of the fol are not sure) | Heart disease High blood pressure Kidney disease Ovarian cancer Pancreatic problems/cancer Peptic ulcer disease Stomach polyps/cancer | | | | |
| Do you have any blood relatives Y=Yes N=No ? (Indicates you of Breast Cancer Chronic Heartburn Colon Cancer Colon polyp's Chron's disease or Ulcerative Colorabetes Emotional/psychiatric problems = Esophageal disorders/cancers Gallbladder disease | s with any of the fol are not sure) | Heart disease High blood pressure Kidney disease Ovarian cancer Pancreatic problems/cancer Peptic ulcer disease Stomach polyps/cancer Strokes or seizures Other cancers | | | | |
| Do you have any blood relatives Y=Yes N=No ? (Indicates you of Breast Cancer Chronic Heartburn Colon Cancer Colon polyp's Chron's disease or Ulcerative Colorabetes Emotional/psychiatric problems = Esophageal disorders/cancers _ Gallbladder disease What type of work do you do? | s with any of the fol are not sure) | Heart disease High blood pressure Kidney disease Ovarian cancer Pancreatic problems/cancer Peptic ulcer disease Stomach polyps/cancer Strokes or seizures Other cancers | | | | |

17. **REVIEW OF SYSTEMS:**

Are you now (recent) having any of the following symptoms (or have they been significant or worrisome in the past)?

| Loss of Appetite Weight Loss Rever Vomiting Abdominal pain Night sweats Trouble with eyes, ears, nose, throat -nosebleeds -sores in mouth -eye pain Cough -dry -with phlegm production Wheezing Shortness of breath -with exertion -with prig down Chest pain Chest pain Weight Loss Reflux of stomach contents Nausea Vomiting Abdominal plain Abdominal bloating Diarrhea Constipation Blood in stool Yellow jaundice Cough -grey pain Male-Decreased testicular size Shortness of breath -difficulty vachieving erection Female-Problems with menstrual -with rest -could you be pregnant -when lying down -painful intercourse Chest pain -irregular menstrual Irregular heart beat Swelling in ankles -complication with pregnancies Leg pain -with rest Depression Blush discoloration in hands or feet Back pain Loss of balance or coordination Increased or decreased body hair Increased urination | SYMPTOM | YES | NO | SYMPTOM | YES | NO |
|--|---------------------------------------|-----|----|---------------------------------|-----|----|
| Weight Loss Nausea Fever Vomiting Chills Abdominal pain Night sweats Abdominal bloating Trouble with eyes, ears, nose, throat Diarrhea -nosebleeds Constipation -sores in mouth Blood in stool -eye pain Yellow jaundice Cough Severe itching -dry Difficulty voiding -with plegm production Pain with urination Wheezing Male-Decreased testicular size Shortness of breath -difficulty achieving erection -with exertion Female-Problems with menstrual -with exertion Female-Problems with menstrual -with rest -could you be pregnant -when lying down -painful intercourse Chest pain -irregular menstrual Irregular heart beat -full term pregnancies Swelling in ankles -complication with pregnancies Leg pain Joint pain -with walking or exercise Nervousness -with rest Depression Blackouts Blackouts </td <td>Fatigue</td> <td></td> <td></td> <td>Heartburn</td> <td></td> <td></td> | Fatigue | | | Heartburn | | |
| Fever Vomiting Chills Abdominal pain Night sweats Abdominal bloating Trouble with eyes, ears, nose, throat Diarrhea -nosebleeds Constipation -sores in mouth -eye pain Yellow jaundice Cough Severe itching -dry Difficulty voiding -with phlegm production Pain with urination Wheezing Male-Decreased testicular size Shortness of breath -difficulty achieving erection -with exertion Female-Problems with menstrual -with rest -could you be pregnant -when lying down -painful intercourse Chest pain -irregular menstrual Irregular heart beat -full term pregnancies Swelling in ankles -complication with pregnancies Leg pain Joint pain -with walking or exercise Nervousness Bluish discoloration in hands or feet Blackouts Back pain Dizziness Heat and cold intolerance Double vision Tremulousness of hands Increased or decreased body hair Increased urination Troubling swallowing | Loss of Appetite | | | Reflux of stomach contents | | |
| Chills Abdominal pain Night sweats Abdominal pain Abdominal bloating Trouble with eyes, ears, nose, throat Diarrhea Constipation Severe in mouth Blood in stool Peye pain Yellow jaundice Ocugh Severe itching Difficulty voiding Pain with urination Personal P | Weight Loss | | | Nausea | | |
| Night sweats Trouble with eyes, ears, nose, throat -nosebleeds -sores in mouth -eye pain Cough -eye pain Cough -dry -with phlegm production Wheezing Shortness of breath -with est -when lying down Chest pain Irregular heart beat Swelling in ankles Leg pain -with rest Bush and sor feet Back pain Back pain Back pain Brows and sor feet Back pain Irregulares or decreased body hair Increased or decreased body hair Increased urination Abdominal bloating Diarrhea D | Fever | | | Vomiting | | |
| Trouble with eyes, ears, nose, throat -nosebleeds -sores in mouth -eye pain Cough -eye pain Cough -dry -with phlegm production Wheezing Shortness of breath -with exertion -with est -with rest -when lying down Chest pain Irregular heart beat Swelling in ankles Leg pain -with walking or exercise -with rest Black pain Bush discoloration in hands or feet Black pain Bush discoloration in hands Increased or decreased body hair Increased urination Diarrhea Constipation Severe itching Blood in stool Yellow jaundice Constipation Yellow jaundice Severe itching Hallow jaundice Cough Allow jaundice Cough Yellow jaundice Ander Decreased testicular size Ander Decreased Instore Increased urination Troubling swallowing | Chills | | | Abdominal pain | | |
| -nosebleeds Constipation Blood in stool Yellow jaundice Cough Yellow jaundice Severe itching Difficulty voiding Pain with urination Wheezing Male-Decreased testicular size Shortness of breath -difficulty achieving erection Female-Problems with menstrual -with rest -could you be pregnant -irregular menstrual Irregular heart beat -complication with pregnancies Swelling in ankles -complication with pregnancies Depression Bluish discoloration in hands or feet Back pain Dizziness Dands Loss of balance or coordination Irreased or decreased body hair Irreased urination Irroubling swallowing | Night sweats | | | Abdominal bloating | | |
| -sores in mouth -eye pain Cough -eye pain Cough -dry -with phlegm production Wheezing Shortness of breath -with exertion -with rest -when lying down Chest pain Irregular heart beat Swelling in ankles Leg pain -with walking or exercise -with rest Black pain Blood in stool Yellow jaundice Severe itching Difficulty voiding Pain with urination Male-Decreased testicular size Shortness of breath -difficulty achieving erection Female-Problems with menstrual -could you be pregnant -could you be pregnant -irregular menstrual -painful intercourse -full term pregnancies Swelling in ankles -complication with pregnancies Inereased or decreased body hair Increased or decreased body hair Increased urination Troubling swallowing | Trouble with eyes, ears, nose, throat | | | Diarrhea | | |
| -eye pain Yellow jaundice Cough Severe itching -dry Difficulty voiding -with phlegm production Pain with urination Wheezing Male-Decreased testicular size Shortness of breath -difficulty achieving erection -with exertion Female-Problems with menstrual -with rest -could you be pregnant -when lying down -painful intercourse Chest pain -irregular menstrual Irregular heart beat -full term pregnancies Swelling in ankles -complication with pregnancies Leg pain Joint pain -with walking or exercise Nervousness Bluish discoloration in hands or feet Blackouts Back pain Dizziness Heat and cold intolerance Double vision Increased or decreased body hair Increased urination Troubling swallowing | -nosebleeds | | | Constipation | | |
| Cough -dry -dry -with phlegm production Wheezing Shortness of breath -with exertion -with exertion -with exertion -with rest -when lying down Chest pain Irregular heart beat Swelling in ankles Leg pain -with walking or exercise -with rest Busk pain Heat and cold intolerance Tremulousness of hands Increased dreixing services Severe itching Difficulty voiding Difficulty voiding Pain with urination Male-Decreased testicular size Adale Difficulty achieving erection Female-Problems with menstrual -difficulty achieving erection Female-Problems with menstrual -could you be pregnant -could you be pregnant -repainful intercourse -painful intercourse -full term pregnancies -complication with pregnancies -complica | -sores in mouth | | | Blood in stool | | |
| -dry Difficulty voiding -with phlegm production Pain with urination Wheezing Male-Decreased testicular size Shortness of breath -difficulty achieving erection -with exertion Female-Problems with menstrual -with rest -could you be pregnant -when lying down -painful intercourse Chest pain -irregular menstrual Irregular heart beat -full term pregnancies Swelling in ankles -complication with pregnancies Leg pain Joint pain -with walking or exercise Nervousness -with rest Depression Bluish discoloration in hands or feet Blackouts Back pain Dizziness Heat and cold intolerance Double vision Tremulousness of hands Loss of balance or coordination Increased or decreased body hair Increased urination Troubling swallowing | -eye pain | | | Yellow jaundice | | |
| -with phlegm production Wheezing Shortness of breath -with exertion -with rest -when lying down Chest pain Irregular heart beat Swelling in ankles Leg pain -with rest -with rest Depression Bluish discoloration in hands or feet Back pain Heat and cold intolerance Tremulousness of breath Pain with urination Male-Decreased testicular size Adale-Decreased testicular size -difficulty achieving erection Female-Problems with menstrual Female-Problems with men | Cough | | | Severe itching | | |
| Wheezing Shortness of breath -difficulty achieving erection -with exertion -with exertion -with rest -could you be pregnant -when lying down -painful intercourse -full term pregnancies Swelling in ankles -complication with pregnancies Leg pain -with walking or exercise -with rest Bluish discoloration in hands or feet Back pain Beack pain Bush discoloration Dizziness Heat and cold intolerance Tremulousness of hands Increased or decreased body hair Increased urination Troubling swallowing | -dry | | | Difficulty voiding | | |
| Shortness of breathwith exertionwith exertionwith restcould you be pregnantwhen lying downpainful intercourseirregular menstrualgould you be pregnantirregular menstrualirregular heart beatcomplication with pregnancies Swelling in anklescomplication with pregnancies Leg painwith walking or exercisewith restwith restwith restwith restwith discoloration in hands or feet | -with phlegm production | | | Pain with urination | | |
| -with exertion -with rest -could you be pregnant -when lying down -painful intercourse -irregular menstrual -full term pregnancies -complication with pregn | Wheezing | | | Male-Decreased testicular size | | |
| -with rest -when lying down -painful intercourse -irregular menstrual -full term pregnancies -full term pregnancies -complication with pregnancies -compl | Shortness of breath | | | -difficulty achieving erection | | |
| -when lying down -painful intercourse Chest pain -irregular menstrual Irregular heart beat -full term pregnancies Swelling in ankles -complication with pregnancies Leg pain -with walking or exercise Nervousness -with rest Depression Bluish discoloration in hands or feet Blackouts Back pain Dizziness Heat and cold intolerance Double vision Tremulousness of hands Loss of balance or coordination Increased or decreased body hair Difficulty speaking Increased urination Troubling swallowing | -with exertion | | | Female-Problems with menstrual | | |
| Chest pain Irregular heart beat Swelling in ankles Leg pain -with walking or exercise -with rest Back pain Bluish discoloration in hands or feet Back pain Heat and cold intolerance Tremulousness of hands Increased or decreased body hair Increased urination Troubling swallowing -irregular menstrual -irul term pregnancies Nevousness Depression Blackouts Dizziness Loss of balance or coordination Difficulty speaking Increased urination | -with rest | | | -could you be pregnant | | |
| Irregular heart beat Swelling in ankles Leg pain Joint pain -with walking or exercise -with rest Bluish discoloration in hands or feet Back pain Heat and cold intolerance Tremulousness of hands Increased or decreased body hair Increased urination Troubling swallowing -full term pregnancies -complication with pregnancies -with walking or exercise -with walki | -when lying down | | | -painful intercourse | | |
| Swelling in ankles Leg pain -complication with pregnancies Joint pain Nervousness Nervousness -with rest Depression Bluish discoloration in hands or feet Blackouts Back pain Heat and cold intolerance Tremulousness of hands Increased or decreased body hair Increased thirst Increased urination Troubling swallowing -complication with pregnancies -complication with previous services -comp | Chest pain | | | -irregular menstrual | | |
| Leg pain -with walking or exercise Nervousness Depression Bluish discoloration in hands or feet Back pain Dizziness Heat and cold intolerance Tremulousness of hands Increased or decreased body hair Increased thirst Increased urination Troubling swallowing | Irregular heart beat | | | -full term pregnancies | | |
| -with walking or exercise -with rest Depression Bluish discoloration in hands or feet Back pain Heat and cold intolerance Double vision Tremulousness of hands Increased or decreased body hair Increased thirst Increased urination Troubling swallowing | Swelling in ankles | | | -complication with pregnancies | | |
| -with rest Bluish discoloration in hands or feet Blackouts Back pain Heat and cold intolerance Tremulousness of hands Increased or decreased body hair Increased thirst Increased urination Troubling swallowing | Leg pain | | | Joint pain | | |
| Bluish discoloration in hands or feet Back pain Dizziness Heat and cold intolerance Tremulousness of hands Increased or decreased body hair Increased thirst Increased urination Troubling swallowing | -with walking or exercise | | | Nervousness | | |
| Back pain Heat and cold intolerance Double vision Increased or decreased body hair Increased thirst Increased urination Troubling swallowing | -with rest | | | Depression | | |
| Heat and cold intolerance Tremulousness of hands Loss of balance or coordination Increased or decreased body hair Increased thirst Increased urination Troubling swallowing | Bluish discoloration in hands or feet | | | Blackouts | | |
| Tremulousness of hands Loss of balance or coordination Increased or decreased body hair Increased thirst Increased urination Troubling swallowing | Back pain | | | Dizziness | | |
| Increased or decreased body hair Increased thirst Increased urination Troubling swallowing Difficulty speaking Difficulty speaking | Heat and cold intolerance | | | Double vision | | |
| Increased thirst Increased urination Troubling swallowing | Tremulousness of hands | | | Loss of balance or coordination | | |
| Increased urination Troubling swallowing | Increased or decreased body hair | | | Difficulty speaking | | |
| Troubling swallowing | Increased thirst | | | | | |
| 9 9 | Increased urination | | | | | |
| Painful swallowing | Troubling swallowing | | | | | |
| | Painful swallowing | | | | | |

Thank You!!