



CHIEF COMPLAINTS

- Trouble or pain when swallowing
- Heartburn
- Indigestion
- Belching, burping gas
- Nausea or vomiting
- Loss of appetite
- Jaundice (yellow skin)
- Weight loss
- Pain in stomach or abdomen
- Black bowel movements
- Constipation
- Diarrhea
- Blood in bowel movement
- Passing gas from rectum
- Positive occult blood stool test

1. How long have you had this trouble? _____

2. Have you ever had x-rays or tests done for this problem? No Yes
If so, when and where: _____

3. Do you have a family history of:

- Hiatal hernia
- Ulcer disease
- Gallbladder disease
- Liver disease
- Pancreas disorders
- Tumors of the colon
- Digestive diseases

4. Have you ever been told you have:

- Inflammatory bowel disease
- TB Exposure
- Hepatitis
- Colitis
- Sexually transmitted disease
- AIDS

5. List any other medical conditions you have: _____

6. List any surgeries you have had: _____

7. List ALL medications you are presently taking, or have recently finished. (Please include all "over the counter" drugs, including vitamins and aspirin):

8. Please list any allergies you may have. (Remember to include dye or shellfish allergies):

