

Office Use Only

BP: \_\_\_\_\_ HR: \_\_\_\_\_ T: \_\_\_\_\_ RR: \_\_\_\_\_

## Gastroenterology Consultants, PA

### History & Physical Questionnaire

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Family Dr. \_\_\_\_\_ Referred By: \_\_\_\_\_

Reason For Today's Visit: \_\_\_\_\_

**Onset of Symptoms:**  Sudden  Gradual How Long? \_\_\_\_\_

**Character of Pain:**  Sharp  Dull  Burning  Aching  Cramping  Other \_\_\_\_\_

**Location:**  Epigastric  Right Lower  Left Lower  Right Upper  Left Upper

Does the pain radiate/move to any other part of the body?  Yes  No

If yes, where? \_\_\_\_\_ Frequency: \_\_\_\_\_ Duration: \_\_\_\_\_

Does it wake you from sleep?  Yes  No Are you under unusual stress?  Yes  No

**Heartburn?**  Yes  No If yes, how long? \_\_\_\_\_ Better with treatment?  Yes  No

Medications tried for heartburn/GERD: \_\_\_\_\_

**Difficulty Swallowing?**  Yes  No If yes,  Solids  Liquids  Both

**Painful Swallowing?**  Yes  No **Appetite:**  Up  Down  No change

**Weight:**  Up  Down  No change Was weight loss intentional?  Yes  No  n/a

Any  Fever  Nausea  Vomiting  Excessive gas  Bloating  Belching

**Bowel Movements:**  Regular  Constipated  Diarrhea  Alternating  Leakage of stool

Frequency of Bowel Movement: \_\_\_\_\_

Any  Blood  Mucous  Dark Black Stools

If there is blood, is blood  mixed with stool  on toilet paper only  both

Was bleeding associated with symptoms of  dizziness  passing out  both

Was blood found on routine examination?  Yes  No

Any rectal pain or discomfort?  Yes  No

Sometimes unable to make it to the bathroom in time?  Yes  No

Bowel Accidents while unaware or while passing gas?  Yes  No