GREATER HOUSTON DIGESTIVE DISEASE CONSULTANTS

1120 Medical Plaza Dr. Ste 255, The Woodlands TX 77380 Phone: 281-205-1111 Fax: 281-419-2111

HEALTH STATUS QUESTIONNAIRE

Please Circle Yes or No

Have coughing episodes at night or early in the morning……..	YES	NO
Frequently wheeze or have asthma……..	YES	NO
Have sleep apnea or other airway problem.	YES	NO
If Yes, do you use CPAP at night……..	YES	NO
Smoke……..	YES	NO
If Yes, did you smoke today……	YES	NO
Drink Alcoholic beverages every day……..	YES	NO
If Yes, how many drinks per day…….. _____		
Have a heart problem or murmur……	YES	NO
Have stents or filters in any blood vessels….	YES	NO
Have any artificial joints……..	YES	NO
Need to take antibiotics before procedures.	YES	NO
Have anemia……..	YES	NO
Bruise easily……	YES	NO
Bleed easily or continue bleeding for awhile.	YES	NO
Have a diagnosed bleeding disorder……	YES	NO
Have a history of seizures, convulsions or blackout spells……	YES	NO
Have diabetes……	YES	NO
If Yes, do you take insulin…….	YES	NO
Have episodes of low blood sugar……..	YES	NO
Take pain medications regularly……	YES	NO
Have an implanted pain medication pump……	YES	NO
Use “street” drugs……	YES	NO
Have a history of cancer……..	YES	NO

If Yes to above, please list type(s) _____

_____

Have you had a previous colorectal cancer screening procedure……..	YES	NO

If Yes, what were the results of the latest colonoscopy or Sigmoidoscopy procedure(s)? Year_____Results_____

_____

Gynecological History

Are you Pregnant……	YES	NO

Date of Last Period…… _____

Last Exam…….. _____

Pre-Men

Post Men

Physicians Notes