GREATER HOUSTON DIGESTIVE DISEASE CONSULTANTS

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

PROCEDURE EXPERIENCE

(Circle Yes or No)

During a procedure of any kind, have you ever had any problems with the following:

Pre-procedure prep…….	YES	NO
Procedure Medications (Anesthesia)……	YES	NO
Procedure/Post-procedure complications…...	YES	NO

If Yes, Please describe the problem(s) _____

_____

_____

Physician Notes

GASTROINTESTINAL SYMPTOM REVIEW

ARE YOU

Experiencing unexplained weight loss…….	YES	NO
Having fever or chills…….	YES	NO
Having Nausea……..	YES	NO
Vomiting regularly…….	YES	NO
Vomiting Blood……	YES	NO
Having Heartburn Symptoms…….	YES	NO
Having difficulty swallowing……	YES	NO
Bothered by abdominal bloating or swelling…	YES	NO
Having abdominal pain or discomfort……..	YES	NO
Constipated…….	YES	NO

If Yes, how many bowel movements per week _____

Having diarrhea……	YES	NO

If Yes, how many bowel movements per week _____

If Yes, do you have diarrhea at night……	YES	NO
Having any black, tarry stools……	YES	NO
Seeing any red blood during bowel movements	YES	NO
Having hemorrhoid symptoms…….	YES	NO
Have you ever had ulcers……	YES	NO
Have you had an inflammatory disease of the small bowel or colon…….	YES	NO
Have you had gallstones…….	YES	NO
Have you had pancreatic problems…….	YES	NO
Have you had hepatitis or other liver problems	YES	NO
If Yes, is your liver function currently normal.	YES	NO