

Patient Name: _____

DOB: ____/____/____

PATIENT QUESTIONNAIRE

Please describe the problem that brings you to the office today:

Approximate date this began: _____ Have you been treated for this in the past? YES NO

Please check any *current* symptoms...

Rectal bleeding

- Bright Red
- Clots
- Mixed in stool
- On undergarments
- Drip into toilet bowl

Anal Complaints

- Itching
- Pain with bowel movement
- Sharp pain
- Dull/burning pain
- Extra tissue/hemorrhoids
- Mass/lump

Leakage of stool

- Stool staining undergarments
- Inability to hold bowel movement/gas
- Urgency to use the bathroom

Abdominal pain

Change in bowel habits

- Loose stools
- Constipation
 - Laxative use? which? _____
- Change in caliber of stool

- Weight Loss - how many lbs? _____
- Weight Gain

Have you been diagnosed with any of the following?

- Colon Cancer
- Rectal Cancer
- Anal Cancer

Previous ostomy

- Colostomy
- Ileostomy

Hernia

- Surgically repaired? YES NO
- Was mesh used? YES NO

Crohn's Disease

- How many years? _____

Ulcerative Colitis

- How many years? _____
- Medications for above:

Problems with Anesthesia?

- Difficult Intubation
- Post-operative nausea or vomiting
- Spinal Headache
- Malignant Hyperthermia

Take blood thinners?

- Aspirin
- Coumadin
- Xarelto/Eliquis
- Other

PAST MEDICAL HISTORY

Have you had a colonoscopy? YES NO

Date: _____

By which physician? _____

Location? _____

Findings?

- Polyps
- Diverticulosis
- Colitis
- Hemorrhoids

Positive Stool Test (Cologuard) in the past?

- Diabetes**
- Lung Disease**
 - COPD
 - Emphysema
 - Asthma

Do you have a PULMONOLOGIST?

- _____
- Heart Disease**
 - High Blood Pressure
 - Heart Attack
 - Congestive Heart Failure
 - Coronary Artery Disease
 - Peripheral Vascular Disease

Do you have a *CARDIOLOGIST*?

- _____
- GI Problems**
 - Gastric Reflux/GERD
 - Ulcers
 - Liver Disease
 - Hepatitis
 - Cirrhosis

Do you have a *GASTROENTEROLOGIST*?

- _____
- Urinary Problems**
 - Kidney Disease
 - Frequent Urinary Tract Infections
 - Urine leakage

Do you have a *UROLOGIST*?

- Cancer**
 - Breast
 - Pancreatic
 - Stomach
 - Small Intestine
 - Ovary
 - Uterine
 - Prostate
 - Bladder
 - Other _____

Do you have an *ONCOLOGIST*?

- _____
- Stroke/TIA
 - Blood Clot (DVT or PE)
 - Bleeding Tendencies
 - Thyroid Problems
 - HIV or AIDS
 - Substance Abuse/Alcoholism
 - Neurologic problem

Other _____

Do you currently smoke? YES NO

- Cigarettes
- Other _____
- How much and how often?

Do you currently drink alcohol? YES NO

- Socially
- 1 drink per day
- > 1 drink per day
- How much and how often (if different from above?)

Surgical History:

Please list all of the surgeries you have had in your lifetime.

Year	Type of Operation

Medications:

Please list all the medications you are currently taking, including over-the-counter medications, herbals and prescription medications.

Medication	Dose	Frequency	Medication	Dose	Frequency

Allergies:

Please list all medications and substances for which you have a known allergy.

Allergen	Reaction	Allergen	Reaction

Family History:

Please list any significant illnesses in your blood relatives.

Relation	Alive/ Deceased	Colorectal Cancer? (Y/N)	Polyps? (Y/N)	Other Cancer? (Type)	Other Health Concern?
Father					
Mother					
Sibling					
Other _____					
Other _____					

Review of Systems

Are you currently having or have you recently had any of the following problems?

Constitutional

- Weight loss
- Fever/Chills
- Night Sweats

Ear/Nose/Throat

- Hearing loss
- Ringing in ears
- Sinus problems
- Bleeding gums
- Hearing aid or dentures
- Active dental issues

Cardiovascular

- Irregular heart beat
- Chest pain/angina
- Bleeding problems
- Blood clots
- Extremity swelling

Endocrine

- Diabetes
- Thyroid disorder

Respiratory

- Shortness of breath
- Cough
- Breathing difficulties

Musculoskeletal

- Joint pain
- Muscle weakness

Eyes

- Vision problems
- Wears contacts/glasses
- Cataracts
- Glaucoma

Skin

- Psoriasis or eczema
- Difficulties with wound healing
- Dermatitis/Rash

Neurologic

- Headaches
- Dizziness
- Memory problems

Genitourinary

- Bladder infections
- Painful urination
- Urinary incontinence
- Blood in urine
- Abnormal periods

Hematologic

- Anemia
- Previous blood transfusion

Mental Health

- Depression
- Anxiety

Other _____
