Gastroenterology Clinics Gold Coast

NAME:_____ **D.O.B:**_____

***CURRENT SYMPTOMS** **Please complete all symptoms you do have, if you don't have a symptom please leave that section blank.**	**Duration** **(Weeks/ Months/ Years)**	**Comment**
1. Nausea		
2. Vomiting:		
a. Food/ Fluid		
b. Blood		
3. Belching – (burping) excessive		
4. Regurgitation of:		
a. Food		
b. Fluid		
5. Heartburn		
6. Dull chest pain		
7. Sharp chest pain		
8. Sensation of obstruction when swallowing – liquids		
9. Sensation of obstruction when swallowing – solids		
10. Chest pain on swallowing		
11. Lump sensation in back of throat		
12. Upper abdominal pain:		
a. Sharp or cramping		
b. Dull		
c. Burning		
d. Radiating through to back		
13. Central or lower abdominal pain:		
a. Sharp or cramping		
b. Dull		
c. Burning		
14. Altered bowel habit:		
a. Constipation		
b. Diarrhoea		
c. Alternating constipation with diarrhoea		
d. Thin Stools		
e. Feel incompletely emptied after passing stools		
15. Abdominal bloating and wind		

Note: Reverse side must also be completed

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*CURRENT SYMPTOMS (cont'd)	Duration (Weeks/ Months/ Years)	Comment
16. Passing blood via anus		
a. Bright Blood		
b. Dark Blood		
c. On toilet paper		
d. In bowl separate from stools		
e. In Bowl mixed with stools		
17. Passing mucus with stools		
18. Passing black tarry stools		
19. Loss of appetite		
20. Weight loss – amount in kg		
21. Fever or sweats		

*** PREVIOUS GASTROINTESTINAL PROBLEMS**

Hiatus Hernia		Peptic ulcer disease		Gallstones	
Hepatitis		Pancreatitis		Bowel polyps	
Diverticular Disease		Haemorrhoids			

***PREVIOUS COLONOSCOPY AND ALL PREVIOUS OPERATIONS (please include approx. date)**

*** OTHER MEDICAL PROBLEMS**

Anaemia	Rheumatic fever/murmur	Angina/Heart Attack	High blood pressure
Asthma/Emphysema	DVT/Pulmonary embolus	Diabetes	Arthritis
Kidney problems	Epilepsy	Stroke	HIV/Aids

*** LIST ALL CURRENT MEDICATIONS**

*** SMOKING**		*** ALCOHOL CONSUMPTION**	
Duration		Duration	
Avg. Daily consumption		Avg. Daily consumption	

*** FAMILY HISTORY**	RELATIVES	AGE at diagnosis	COMMENTS
Bowel/colon cancer			
Bowel/colonic polyps			
Oesophageal cancer			
Stomach cancer			
Pancreatic cancer			
Gallstones			
Ulcerative colitis			
Crohn's disease			
Coeliac disease			

I.....hereby consent to Gastroenterology Clinics Gold Coast obtaining copies of any results required in relation to my ongoing treatment.

Signature:…… **Date: / /**