

# THE GASTROINTESTINAL CENTRE

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

It is most important that you tick all sections where you have a positive response and indicate the duration of symptoms. You should leave blank all sections where your answer is negative. This will greatly assist to optimise your standard of care.

<b>CURRENT SYMPTOMS</b>	<b>Duration - Please number</b>		
	<b>Weeks</b>	<b>Months</b>	<b>Years</b>
1. Nausea			
2. Vomiting: a. Food/Fluid..... b. Blood	.....	.....	.....
3. Belching - 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. Radiation 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			
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	.....	.....	.....

**NOTE:** Reverse side must also be completed.

CURRENT SYMPTOMS	Duration		
	Weeks	Months	Years
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			

### ALL PREVIOUS OPERATIONS


### 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

### ALL MEDICATIONS


SMOKING		ALCOHOL CONSUMPTION	
Duration		Duration	
Daily consumption		Daily consumption	

FAMILY HISTORY	Family members affected - at what age ?
Bowel/colon cancer	
Bowel/colonic polyps	
Oesophageal cancer	
Stomach cancer	
Pancreatic cancer	
Gallstones	
Ulcerative colitis	
Crohn's disease	
Coeliac disease	

I.....hereby consent to The Gastrointestinal Centre obtaining copies of any results required in relation to my ongoing treatment.

**Signature:**..... **Date:** / /