aga ATLANTIC GASTROENTEROLOGY ASSOCIATES, P.A.

CHIEF COMPLAINTS

_____ Trouble or pain when swallowing
_____ Heartburn
_____ Indigestion
_____ Belching, burping gas
_____ Nausea or vomiting
_____ Loss of appetite
_____ Jaundice (yellow skin)
_____ Weight loss
_____ Pain in stomach or abdomen
_____ Black bowel movements
_____ Constipation
_____ Diarrhea
_____ Blood in bowel movement
_____ Passing gas from rectum
_____ Positive occult blood stool test

1. How long have you had this trouble? _____

2. Have you ever had x-rays or tests done for this problem? _____ No _____ Yes
If so, when and where: _____

_____

3. Do you have a family history of:

_____ Hiatal hernia
_____ Ulcer disease
_____ Gallbladder disease
_____ Liver disease
_____ Pancreas disorders
_____ Tumors of the colon
_____ Digestive diseases

4. Have you ever been told you have:

_____ Inflammatory bowel disease
_____ TB Exposure
_____ Hepatitis
_____ Colitis
_____ Sexually transmitted disease
_____ AIDS

5. List any other medical conditions you have: _____

_____

6. List any surgeries you have had: _____

_____

7. List ALL medications you are presently taking, or have recently finished. (Please include all "over the counter" drugs, including vitamins and aspirin):

_____

_____

_____

8. Please list any allergies you may have. (Remember to include dye or shellfish allergies):

_____

_____