MAIN STREET MEDICAL SERVICES PLLC
GASTROENTEROLOGY

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Do you have a history of any of the following?
Check all that apply

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Gastrointestinal:

Upper GI:

- ☐ Stomach ulcers
- ☐ Heart burn
- ☐ Nausea/Vomiting
- ☐ Difficulty swallowing
- ☐ Painful swallowing
- ☐ Weight gain ___lbs
- ☐ Weight loss___lbs
- ☐ Bloating
- ☐ Other__________________

Lower GI:

- ☐ Constipation
- ☐ Diarrhea
- ☐ Pain with bowel movement
- ☐ Hemorrhoids
- ☐ Excessive gas
- ☐ Black stools
- ☐ Rectal pain
- ☐ Rectal bleeding
- ☐ Rectal itching
- ☐ Colon polyps
- ☐ Colon cancer
- ☐ Family history of colon cancer
- ☐ Other______________

Specify_________________

Liver:

- ☐ Yellow eyes/skin (Jaundice)
- ☐ Cirrhosis
- ☐ Hepatitis

Gallbladder & Pancreas

- ☐ Gallstones
- ☐ Gallbladder surgery
- ☐ Pancreatitis

General:

- ☐ Fevers
- ☐ Night sweats
- ☐ Fatigue

Skin:

- ☐ Rashes
- ☐ Sores
- ☐ Skin cancer

Endocrine:

- ☐ Thyroid problems
- ☐ Abnormal tolerance to hot or cold
- ☐ Diabetes

Eyes:

- ☐ Yellowing of eyes
- ☐ Discharge
- ☐ Other_________

HEENT:

- ☐ Frequent nose bleeds
- ☐ Change in voice
- ☐ Other_________

Heart:

- ☐ Murmur
- ☐ Palpations
- ☐ Heart attack
- ☐ Angina
- ☐ Congestive heart failure
- ☐ High blood pressure
- ☐ Cardiac stent
- ☐ Cardiac surgery
- ☐ Other__________________

Lungs:

- ☐ Asthma
- ☐ COPD
- ☐ Lung cancer

Genitourinary:

- ☐ Burning with urination
- ☐ Pain with urination
- ☐ Blood in urine

Musculoskeletal:

- ☐ New joint pain
- ☐ New back pain
- ☐ Arthritis

Infectious:

- ☐ Recent infection

Specify________________________________