



GI HISTORY SHEET

Name: _____ DOB: _____

I. To the best of your knowledge, why did your doctor order this examination? _____

II. Do you have any of the following problems:

- A. Swallowing difficulty _____
- B. Chest pain _____
- C. Abdominal pain _____
 - a. If yes, general location _____
- D. Nausea/Vomiting _____
- E. Excessive gas (a) per rectum, (b) burping _____
- F. Weight loss _____
- G. Change in bowel habits (diarrhea, constipation) _____
- H. Blood in stools _____
- I. Black stools _____

III. Have you ever had abdominal surgery?

Type _____ Year _____

Type _____ Year _____

IV. Have you had any G.I., Barium Enema, or Gallbladder studies in the past? _____

Type _____ Year _____

Type _____ Year _____

Result if known _____

V. Are you taking any medication? _____