



## 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? \_\_\_\_\_