SAN DIEGO COLON AND RECTAL SURGEONS

Colon & Rectal • Laparoscopic Surgery

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GASTROINTESTINAL Systems Review

Patient's Name: _____

Date: _____

Referred by: _____

Answer all questions. If you do not know the answer or understand the question, insert a question mark. LEAVE NO BLANKS!

		YES	DATE OF ONSET	NO
1.	Have you ever been treated for hemorrhoids?			
2.	Do you have hard bowel movements?			
3.	Do you have diarrhea?			
4.	Do you have a bowel movement daily?			
	Less Frequently?			
5.	Are your bowel movements painful?			
6.	Do you feel a lump when you wipe?			
7.	Do you have problems cleaning after a bowel movement?			
8.	Do you soil your underclothing?			
	with blood?			
	with pus?			
9.	Have you ever had anal intercourse?			
10.	Do you have itching?			
11.	Do you use a laxative regularly?			
	Type _____			
12.	Do you have rectal bleeding?			
	When did it begin? _____			
	Is the blood bright red?			
	Is the blood on the stool?			
	Is the blood mixed with the stool?			
13.	Have you ever had rectal surgery?			
	Type _____			
	Date _____			
14.	Have you ever had a polyp?			
15.	Have you ever had colitis?			
16.	Do you ever have problems controlling your bowel movements?			
17.	Have you ever had a barium enema (lower GI series)?			
	If so, when _____			
18.	Have you ever had a colonoscopy or other exam?			
	If so, when _____			
19.	Has anyone in your immediate family ever had intestinal cancer?			
	If so, who and at what age? _____			