GASTRO CENTER OF FLORIDA

Gastrointestinal

Please fill in the circles completely if any of the following apply.

O Ab pain O Black stool O Blood in stool O Constipation

O Diarrhea O Difficulty swallowing O Hemorrhoids

O Rectal Bleeding O Vomiting O Weight loss O Loss of appetite

General/Constitutional

Please fill in the circles completely if any of the following apply.

O Chills O Fatigue O Fever O Headache O Lack of energy

Genitourinary

Please fill in the circles completely if any of the following apply.

O Blood in urine O Fecal/Urinary Incontinence O Painful urination

Musculoskeletal

Please fill in the circles completely if any of the following apply.

O Back Pain O Muscle Pain O Weakness

Neurologic

Please fill in the circles completely if any of the following apply.

O Memory Loss O Seizures

Respiratory

Please fill in the circles completely if any of the following apply.

O Cough O Shortness of breath

Cardiovascular

Please fill in the circles completely if any of the following apply.

O Chest pain O Dizziness O Palpitations

Psychiatric

Please fill in the circles completely if any of the following apply.

O Anxiety O Depression O Stress

Social History

Please fill in the circles completely if any of the following apply.

Are you a smoker?

O Yes O No O Former

Do you have history of alcohol use?

O Yes O No O Former O Social

Are you pregnant, or planning on becoming pregnant?

O Yes O No