

**COLON AND RECTAL HEALTH HISTORY FORM**

Patient name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

List the main complaint that led to this office visit:

Check **SIGNIFICANT** complaints below:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> <b>Rectal Bleeding</b> | <input type="checkbox"/> on toilet paper                   | <input type="checkbox"/> bright red stool | <input type="checkbox"/> black, tarry stool                                       |
|   | <input type="checkbox"/> into toilet bowl                  | <input type="checkbox"/> dark red         |   |
|   | <input type="checkbox"/> with clots                        | <input type="checkbox"/> mixed with stool | <input type="checkbox"/> found on card test<br><small>(not visible blood)</small> |
| <input type="checkbox"/> <b>Rectal Pain</b>     | <input type="checkbox"/> constant                          | <input type="checkbox"/> increasing       |   |
|   | <input type="checkbox"/> with bowel movements              | <input type="checkbox"/> sporadic         |   |
| <input type="checkbox"/> <b>Rectal Swelling</b> | <input type="checkbox"/> hemorrhoids that come out         | <input type="checkbox"/> rectal itching   |   |
|   | <input type="checkbox"/> incontinence (soiling, accidents) |   |   |

**Other Rectal Concerns (list):**

**CURRENT CONDITIONS (check all that apply):**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Abdominal pain     | <input type="checkbox"/> Nausea         | <input type="checkbox"/> Indigestion(frequent/severe)      |
| <input type="checkbox"/> Abdominal cramping | <input type="checkbox"/> Vomiting       | <input type="checkbox"/> Stomach/Duodenal ulcer            |
| <input type="checkbox"/> Abdominal bloating | <input type="checkbox"/> Vomiting blood | <input type="checkbox"/> Esophageal reflux (hiatal hernia) |

**WEIGHT CHANGE (past 6 months)**  loss  gain ( \_\_\_\_\_pounds)  loss of appetite

**Other abdominal concerns (list):**

**BOWEL HABITS (check all that apply):**

- No Change in Bowel Habits  Recent Change in Bowel Habits  Irregular Bowel Habits
- Diarrhea  loose  watery  mucous  bloody  How long? \_\_\_\_\_
- Constipation  infrequent stools  straining/difficulty  firm stools  How long? \_\_\_\_\_
- Stools per day  1  2  3  4  5  6 or more **or** Stools per week  6  5  4  3  2  1  less than 1

**LAXATIVE or STOOL SOFTENER USE**

- Laxative Use:  None  Frequent  Infrequent
- stool softeners (Surfax, Colace, etc.)  natural products(herbal tea, senna, cascara, etc.)
- stimulants (Ex-lax, Dulcolax, Doxidan, etc.)  fiber (Metamucil, Citracel, Konsyl)  Fibercon
- Other laxatives?

How often used? \_\_\_\_\_ How long used? \_\_\_\_\_

**CURRENT DIET (check all that apply):**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> High Fiber Diet | <input type="checkbox"/> Tea, Coffee, Soda (caffeinated) | <input type="checkbox"/> Carbonated beverages |
| <input type="checkbox"/> other cereals   | <input type="checkbox"/> diabetic diet                   |   |
- Water :**  less than 4 glasses/day  4 – 8 glasses/day  more than 8 glasses/day