Family First Health Center

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GI Intake questionnaire

Name_____

Please take a few minutes to fill out this questionnaire that focuses on the important area of Gastrointestinal issues. Family First Health Center encourages you to answer as honestly as possible and ensures you that your answers will be kept strictly confidential. Thank you for your participation.

CHILDHOOD

Problems with:		When?
Belly Ache	☐ Yes | ☐ No	
Constipation	☐ Yes | ☐ No	
Diarrhea	☐ Yes | ☐ No	
Fatigue after eating	☐ Yes | ☐ No	
Frequent Antibiotic use/sickness	☐ Yes | ☐ No	
Other	☐ Yes | ☐ No	

Hospital stays or aggressive procedures or surgeries to abdomen? ☐ Yes | ☐ No

If Yes, please explain:

AS A YOUNG ADULT

Were you ever on birth control? ☐ Yes | ☐ No

What Forms: Estimated Time Frame:

Use of Antacids or Acid Reducer medications? ☐ Yes | ☐ No

What forms? Time Frame? Frequency?

HAVE BEEN GIVEN THE DIAGNOSIS OF:

When?

Ulcer	☐ Yes | ☐ No
Reflux	☐ Yes | ☐ No
Barrett's Esophagus	☐ Yes | ☐ No
H. Pylori Infection	☐ Yes | ☐ No
E. Coli or Other Infectious Stomach bug	☐ Yes | ☐ No
Any Stomach bug or infection w/ Nausea, Vomiting, or Diarrhea	☐ Yes | ☐ No
Travelers Diarrhea	☐ Yes | ☐ No
Casting Paresis	☐ Yes | ☐ No

Other (Please explain)

CURRENTLY HAVE:

How Often? / Frequency

Mouth Sores	☐ Yes | ☐ No
Dental Problems	☐ Yes | ☐ No
Trouble swallowing	☐ Yes | ☐ No
Food sticking	☐ Yes | ☐ No
Chest pain or spasm	☐ Yes | ☐ No
Chest burning	☐ Yes | ☐ No
Rectal Itching or sores	☐ Yes | ☐ No
Hemorrhoids	☐ Yes | ☐ No
Increased or Decreased Appetite	☐ Yes | ☐ No

Pain to the:	Right	Left	Both	Frequency
Upper Abdomen	☐	☐	☐	
Lower Abdomen	☐	☐	☐	
Mid Abdomen	☐	☐	☐	

Bloating:		How Often? / Frequency
After meals	☐ Yes | ☐ No	
At bedtime	☐ Yes | ☐ No	
Anytime	☐ Yes | ☐ No	

Indigestion/Heartburn:		How Often? / Frequency
In morning	☐ Yes | ☐ No	
After meals	☐ Yes | ☐ No	
Anytime	☐ Yes | ☐ No	
At bedtime	☐ Yes | ☐ No	
In the middle of the night	☐ Yes | ☐ No	

Diarrhea:		How Often? / Frequency
After meals	☐ Yes | ☐ No	
Anytime	☐ Yes | ☐ No	

Stool Color (Poop): Circle all that apply

Light Brown	Dark Brown	Yellow	Black	Other (Please explain)

Do you see any of the following in your stools?		How Often? / Frequency
Undigested food particles	☐ Yes | ☐ No	
Fat Globules	☐ Yes | ☐ No	
Mucous	☐ Yes | ☐ No	
Blood	☐ Yes | ☐ No	

Do you strain to poop?	☐ Yes | ☐ No	How Often? / Frequency

What form is your stool? How Often? / Frequency

Balls	☐ Yes | ☐ No
Liquid	☐ Yes | ☐ No
Soft	☐ Yes | ☐ No
Hard	☐ Yes | ☐ No
Formed	☐ Yes | ☐ No
Other:	

How often do you stool?

More than 4 times per day	☐
1-3 times per day	☐
1 time per day	☐
Every other day	☐
Every 3rd day	☐
Other:	☐

Indigestion/Heartburn: How Often? / Frequency

In morning	☐ Yes | ☐ No
After meals	☐ Yes | ☐ No
Anytime	☐ Yes | ☐ No
At bedtime	☐ Yes | ☐ No
In the middle of the night	☐ Yes | ☐ No

Have you ever had a Colonoscopy? ☐ Yes | ☐ No

Results (Please provide)

Have you ever had an Upper Scope / Endoscopy? ☐ Yes | ☐ No

Results (Please provide)

Have you ever had any other colon cancer screening procedure? ☐ Yes | ☐ No

Please list any other colon tests you've had:

Results (Please provide):

Have you ever had any stool testing? ☐ Yes | ☐ No

Results (Please provide)

What do you take to help you stool normally? How Often? / Frequency

Family History of: Family Member

Colon Cancer	☐ Yes | ☐ No
Stomach Cancer	☐ Yes | ☐ No
Esophagus Cancer	☐ Yes | ☐ No
Other:	

How much fiber do you take in a day?

How many servings of vegetables daily?

Do you take: Dosage

Vitamin D	☐ Yes | ☐ No
Probiotics	☐ Yes | ☐ No
Magnesium	☐ Yes | ☐ No

When did you last have your Vitamin D levels tested?

Results (Please provide copy):

Food Sensitivities:

Do you have any known food sensitivities? ☐ Yes | ☐ No

Please list:

Do you have any problems with dairy? ☐ Yes | ☐ No

Please specify:

What Food Elimination trials have you tried?

Type	When	Results

Have you ever had food allergy testing done?	☐ Yes | ☐ No	When?
Results (Please provide a copy):		

Please complete the 3 Day Food Diary as well the Medical Symptom Questionnaire and bring to your appointment. Both can be found under “Functional Medicine” on the website: www.familyfirsthealthcenter.org