KANSAS GASTROENTEROLOGY

3121 N. Webb Rd., Suite 101, Wichita, KS 67226-8119
Phone: (316)261-3130 Fax: (316)261-3275

Date: _____

Patient Name: _____ Date of Birth: _____ Physician: _____

Questions or concerns you would like addressed during your visit? _____

Please check below any symptoms you are currently experiencing:

GENERAL:	☐	Poor appetite	☐	Fever	☐	Weakness	☐	Tire easily	☐	Trouble sleeping	☐	Weight loss	☐		
SKIN:	☐	Tattoos	☐	Body piercing	☐	Rash	☐	Sores	☐	Itching	☐	Dryness	☐		
HEENT:	☐	Headache	☐	Dizziness	☐	Lightheaded-ness	☐	Yellow eyes	☐	Redness	☐	Glaucoma	☐	Cataract	
	☐	Contact Lenses/ Glasses	☐	Hearing problems	☐	Infection	☐	Ringing sensation	☐	Sinus trouble	☐	Hay fever	☐	Pain/Stiffness	
	☐	Lumps/ Swollen glands	☐	Frequent sore throats	☐	Sore mouth	☐	Goiter	☐	Frequent nosebleeds	☐	Hoarseness	☐		
CHEST:	☐	Shortness of breath	☐	Chronic cough	☐	Wheezing/ Asthma	☐		☐		☐		☐		
CVS:	☐	High blood pressure	☐	Chest pain	☐	Palpitations	☐	Rheumatic fever	☐	Shortness of breath while lying down or sleeping			☐		
GI:	☐	Milk intolerance	☐	Trouble swallowing	☐	Indigestion	☐	Nausea	☐	Vomiting	☐	Abdominal pain	☐	Abdominal swelling	
	☐	Vomiting blood	☐	Blood in stools	☐	Constipation	☐	Hard stools	☐	Use finger to evacuate stools	☐	Diarrhea			
GU:	☐	Excessive urination	☐	Urgency	☐	Difficulty holding urine/ accidents	☐	Burning	☐	Blood in urine	☐	Kidney stones	☐	Sores	
	☐	Hernia	☐	Pain during sexual intercourse	☐	Loss of interest in sex	☐	Impotence	☐	Past sexually transmitted disease	☐		☐		
ENDO:	☐	Heat or Cold Intolerance	☐	Excessive sweating	☐	Excessive thirst or hunger	☐		☐		☐		☐		
NEURO:	☐	Blackouts	☐	Fainting	☐	Seizures	☐	Tremors	☐	Paralysis	☐	Numbness	☐	Loss of memory	
	☐	Confusion	☐		☐		☐		☐		☐		☐		
EXREM:	☐	Muscle pain	☐	Joint pain	☐	Gout	☐	Backache	☐	Leg ulcers	☐	Leg cramps	☐	Cold sensitivity	
	☐	Foot ulcers	☐		☐		☐		☐		☐		☐		
PSYCH:	☐	Nervousness	☐	Tension	☐	Manic symptoms	☐	Bad mood	☐		☐		☐		
HEME:	☐	Blood transfusions before 1992	☐	Transfusion reactions	☐	Anemia	☐	Easy bruising or bleeding	☐	Excessive blood loss	☐		☐		
WOMEN ONLY:	☐	Difficulty with periods	☐	Excessive blood loss	☐	Menopause	☐	Last Menstrual Period _____			☐		☐		