



Patient Name: _____ DOB: _____

Endometriosis Addendum

Who referred you to our practice? _____

How were you diagnosed with endometriosis? _____

How old were you when you were diagnosed? _____

Where is your pain located? _____

When do you get your pain? _____

Do you have nausea or vomiting? _____

Do you have diarrhea or constipation? _____

Do you have blood in your stool? _____

Do you have bloating or heartburn? _____

Do you have blood in your urine? _____

Do you have any other related symptoms? _____

Have you had surgery for this problem before? _____

If so, when was your previous surgery? _____

Have you had other abdominal surgery? _____