

APPENDICITIS INTERVIEW

1. Referred by: _____

2. Please tell me exactly when this started, and how it happened: _____

3. Tests completed: Lab work? Yes ___ No ___ Date _____ Place _____
X-rays? Yes ___ No ___ Date _____ Place _____

4. Pain:
 - a. Where does it hurt? _____
 - b. When did the pain start? _____
 - c. Is the pain constant? _____
 - d. Does anything make it worse? _____
 - e. Does anything make it better? _____

5. Appetite:
 - a. Change in appetite? _____
 - b. When was the last time you had anything to eat? _____
 - c. What did you eat? _____
 - d. Have you had any nausea or vomiting? _____
 - e. How much alcohol have you consumed in the past 24 hours? _____

6. Recent weight loss? _____
7. Problems or changes in urination? _____
8. Problems or changes with bowel movements? _____
Last bowel movement _____ Was it normal for you? _____

9. Family history of Crohn's disease? _____
10. History of bleeding problems? _____
11. History of ulcerative colitis? _____
12. Family or personal history of anesthesia problems? _____
13. Fever recently? _____
14. Recent illness:
 - a. Flu like symptoms? _____
 - b. Cold like symptoms? _____
 - c. Muscle aches? _____
 - d. Headaches? _____

15. WOMEN ONLY
 - a. Regular cycle? _____
 - b. Cycle length? _____
 - c. Flow heavier than usual? _____
 - d. Any chance of pregnancy? _____
 - e. Problems with vaginal discharge? _____
 - f. History of pelvic inflammatory disease? _____
 - g. Date of last menstrual period? _____