

BOWEL INTERVIEW FORM

Patient Name: _____ Date: _____

1. When diagnosed & by whom: _____

2. Family history of GI disorders: _____

3. Tests Completed: _____
Date done: _____ Location: _____

4. Recent weight gain or loss: _____

5. Recent change in diet: _____

6. Pain: _____
Location & Radiation: _____

~~Character:~~ Character: _____

Onset & Duration: _____

Precipitating & aggravating factors: _____

Alleviating factors: _____

Frequency of occurrence: _____

7. Nausea & Vomiting: _____
Related to eating: _____

Color, consistency, quantity, frequency: _____

8. Recent change in bowel habits: _____
Change in frequency: _____

Color: _____ Character of stools: _____

Blood in stools: _____

9. Related illnesses in the past: _____

10. Remarks: _____

