

## GALLBLADDER INTERVIEW

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Family history of gallbladder disease? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, which family member(s)? \_\_\_\_\_

2. Ultrasound completed? Yes \_\_\_\_\_ No \_\_\_\_\_ Where? \_\_\_\_\_  
Lab drawn? Yes \_\_\_\_\_ No \_\_\_\_\_ Where? \_\_\_\_\_  
Pipida Scan? Yes \_\_\_\_\_ No \_\_\_\_\_ Where? \_\_\_\_\_

3. Location of your pain: \_\_\_\_\_  
Describe your pain: Sharp, dull, ache, burning, pressure?  
\_\_\_\_\_  
\_\_\_\_\_

Does it radiate to your back? Yes \_\_\_\_\_ No \_\_\_\_\_  
How long does your pain last? \_\_\_\_\_

Did you eat prior to the pain starting? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, what did you eat? \_\_\_\_\_  
How long after eating before the pain started? \_\_\_\_\_  
Does anything make the pain better? \_\_\_\_\_  
Does anything make the pain worse? \_\_\_\_\_

4. How many attacks have you had? \_\_\_\_\_ When was your last attack? \_\_\_\_\_  
Did you go to the hospital/Dr office? If so, where? \_\_\_\_\_  
\_\_\_\_\_

5. Have you noticed a change in your stool or urine color? \_\_\_\_\_

6. Any fever? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Any weight loss or gain? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how much over what period of time?  
\_\_\_\_\_

8. Do you have problems with heartburn or regurgitation? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how frequently? \_\_\_\_\_  
Do antacids relieve it? \_\_\_\_\_

9. Remarks: \_\_\_\_\_  
\_\_\_\_\_