

HERNIA INTERVIEW FORM

Patient name: _____ Date: _____

1. Family history of hernias? Yes _____ No _____
If yes, which family members? _____

2. When did you first notice the hernia? _____

3. Do you feel the hernia was a result of a workplace injury? Yes _____ No _____
(If yes, please complete the workman's compensation form on the gray sheet)

4. Have you ever had a hernia before? Yes _____ No _____ Location? _____

5. Where is your pain/bulge? Circle: Bellybutton Left groin Right groin Other

6. Location of pain? _____

7. Describe your pain: *sharp/dull/ache/burning* _____

8. Does anything make the pain better? _____

9. Does anything make the pain worst? _____

10. Is a bulge present? Yes _____ No _____

11. If a bulge is present, can you or a physician press the area inward? Yes _____ No _____

12. Any problems with urination? _____

13. Any problems with starting your stream with urination? Yes _____ No _____

14. Decreased urine flow? Yes _____ No _____

15. Any straining with urination? Yes _____ No _____

16. Increase in urination at nighttime? Yes _____ No _____

17. Any nausea or vomiting? Yes _____ No _____

18. Any changes in stools? _____

19. Remarks _____
