

General Surgical Care  
Dr. Mark Schadt    Dr. Richard Conron

Name: \_\_\_\_\_ Age : \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Today's Visit: \_\_\_\_\_

**Review of Systems:** Please check any symptoms you are having (Please circle)

**Abdominal Pain or Hernia**

Location of pain: \_\_\_\_\_

Bulge present?    Yes    No    Location of bulge: \_\_\_\_\_

Quality of Pain:    Achy    Burning    Sharp    Dull    Constant    Intermittent

Severity:    Mild    Moderate    Severe    Frequency:    Daily    Weekly    Monthly

When did it begin?: \_\_\_\_\_ How long does it last: \_\_\_\_\_

Does pain limit activities:    Yes    No    Triggers:    Activity/Exertion    Fatty Foods    Other: \_\_\_\_\_

What improves pain?:    Rest    Nothing    Antacids    Other: \_\_\_\_\_

**GI Problems**

Bowel Changes    Bloating    Gas    Diarrhea    Belching    Nausea/Vomiting    Reflux    Weight Changes

Please explain: \_\_\_\_\_

Skin Changes     Bruising/Bleeding     Fatigue     Fever     Ear/Nose/Throat Symptoms

Please explain: \_\_\_\_\_

**Lumps/Skin lesions** , please list location \_\_\_\_\_

How long have you had lump/lesion: \_\_\_\_\_

Any Changes recently: \_\_\_\_\_

List any other symptoms you are having: \_\_\_\_\_

Have you had any testing for this problem? \_\_\_\_\_