

Patient Name: _____ DOB: _____ Today's Date: _____

Pharmacy: _____ Pharmacy Phone: _____

Pharmacy Address: _____

Current Medications (prescription, over-the-counter, herbal, vitamins)	Dose/Strength	Frequency/ When Taken	Ordering Doctor	What It's Taken For

Allergies

Medication Allergies

Drug	Reaction

Environmental Allergies (food, tape, latex, etc.)

Drug	Reaction

Additional information: _____

Name _____

Date of Birth _____

Colon & Rectal History

Please answer all questions to the best of your ability and ask the staff if you have any questions or concerns. Circle either *yes* or *no* or circle the word that best describes your answer.

Do you have any rectal pain? yes / no

Do you have any abdominal pain? yes / no

Do you have any rectal bleeding? yes / no

What is the color of the bleeding? (bright red / dark red / maroon / black)

How many bowel movements do you have in a day? _____

What are your bowel movements like? (loose / soft / hard)

What is the diameter of your stool? (one inch, two inches, three inches)

How long do you sit to move your bowels? (5 minutes, 10 minutes, 1/2 hour, more than 1/2 hour)

Do you have diarrhea? yes / no

Do you have constipation? yes / no

Do you have swelling around the rectum? yes / no

Have you noticed lumps or bumps coming out of your rectum? yes / no

Do you have discharge from your rectum (e.g. mucous or pus)? yes / no

Do you ever have to hurry to the bathroom to avoid an accident? yes / no

Do you have any leakage of stool? yes / no

Do you ever leak any urine? yes / no

Do you use laxatives (e.g. Miralax, Ex-lax, Milk of Magnesia, Dulcolax, enemas, suppositories) to have bowel movements? yes / no

Do you have **any** family history of colon or rectal cancer? yes / no

Have you had a colonoscopy? If so, when and where? _____

Comments: _____

Additional obstetrical questions for female patients:

of pregnancies:____ Total # of deliveries:____ # deliveries by Caesarean section:____

Did you have any stitches or complications during delivery? _____