

# DIGESTIVE DISEASE PHYSICIANS

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## PATIENT SELF ASSESSMENT FORM

PATIENT: PLEASE PLACE AN X NEXT TO ALL THAT APPLY--CURRENT SYMPTOMS ONLY

Cardiovascular	Gastrointestinal	Psychiatric
chest pain _____	abdominal pain _____	anxiety _____
irregular heart beat _____	abdominal swelling _____	depression _____
palpitations _____	change in bowel habits _____	difficulty sleeping _____
swelling _____	constipation _____	hallucinations _____
fainting _____	diarrhea _____	nervousness _____
<b>Constitutional</b>	gas _____	panic attacks _____
fatigue _____	heartburn _____	<b>Respiratory</b>
fever _____	jaundice _____	asthma _____
loss of appetite _____	nausea _____	cough _____
malaise _____	rectal bleeding _____	shortness of breath _____
sweats _____	stomach cramps _____	excessive sputum _____
weight gain _____	vomiting _____	wheezing _____
weight loss _____	<b>Genitourinary</b>	
	dark urine _____	
	decrease in urine flow _____	
	painful urination _____	
	frequent urinary infections _____	
	presence blood in the urine _____	
	impotence _____	
	awakening from sleep at _____	
	night to pass urine _____	
	urethral discharge or _____	
	incontinence _____	
	<b>Hematologic/Lymphatic</b>	
	bleeding gums or _____	
	palpable lymph nodes _____	
	easy bruising _____	
	prolonged bleeding _____	

PRINT YOUR NAME HERE \_\_\_\_\_

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