07 5598 9177 07 5598 9179 reception@gastrocaregc.com.au gastrocaregc.com.au
ABN 93 478 671 557 Suite 5A John Flynn Medical Centre, Inland Drive, Tugun QLD

Dr Allen's patient history form

Past medical problems

1.	2.
3.	4.
5.	6.

Any operations involving abdomen

1.	2.
3.	4.

Current medications

1.	2.	3.	4.
5.	6.	7.	8.

Clinical information (please circle most appropriate response)

Appetite	normal or reduced
Weight loss	nil/<5kg/5-10kg/>10kg
Any swallowing problems?	Yes/No
Do you suffer gastro-oesophageal reflux disease?	Yes/No.
Do you take medication for reflux?	Yes/no – name if you recall.
Do you suffer abdominal pain?	Intermittent/persistent Location – upper/lower/central/migrates Intensity – 1,2,3,4,5,6,7,8,9,10 (circle)
Any change to bowel habit?	No-bowels normal/ Diarrhoea/ Constipation/ Fluctuate
Any rectal bleeding?	Yes/No
Any black bowels motions	Yes/No
Any family history of bowel cancer?	Yes/No Family members affected – mother/father/sibling/second degree relative

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Smoker	Yes/No If previous smoker please indicate year ceased.
Alcohol	Non drinker Drinker & Number of drinks/day 1,2,3,4,5,6,7,8,9, 10 – other