

Symptom Checklist

Patient Name _____

Date of Birth ____ / ____ / ____

Today's Date ____ / ____ / ____

Conditions

Please indicate whether you have been diagnosed with any of the following (check all that apply):

- Currently have ulcer / ulcers, or peptic ulcer disease
- Previously had an ulcer / ulcers
- Gastritis (inflammation of the stomach)
- Diabetes
- Iron deficiency
- GERD (gastroesophageal reflux disease)
- IBS (irritable bowel syndrome)
- Dyspepsia

Family History of:

- Stomach Cancer
- H. pylori* (bacteria in stomach or small intestine)

Office Use Only

Exam Notes

Confirmed: Yes No

Exam Notes:

Signs / Symptoms

Please indicate which of the following you experience (check all that apply):

- Heartburn / reflux
- Nausea
- Flatulence
- Stomach or abdominal discomfort
- Stomach or abdominal pain
- Bloating
- Vomiting
- Belching
- Indigestion
- Regurgitation

Exam Notes

Confirmed: Yes No

Exam Notes:

Medications

Please indicate which of the following you have been prescribed and/or you purchase at a drug store (check all that apply):

- Nexium®
- PrilosecOTC®
- Prevacid®
- Zegerid™
- Other Proton Pump Inhibitor
- Pepcid®
- Tagamet®
- Zantac®
- Axid®
- Other H2 Blocker
- Pepto-Bismol®
- Kaopectate®
- Maalox®
- Milk of Magnesia®
- Other Bismuths
- Mylanta®
- Rolaids®
- TUMS®
- Alka-Seltzer®

Exam Notes

Confirmed: Yes No

Clinician Use Only

Order Urea Breath Test: Yes No