

Outpatient Endoscopy – Patient Health Questionnaire

Name: _____ Date: _____

In the last few months:

Please circle answer Yes

Have you lost any weight?	Yes	No
Have you any recent problems with vomiting?	Yes	No
Have you brought up any blood while vomiting?	Yes	No
Have you had indigestion or heartburn?	Yes	No
Have you had problems swallowing food?	Yes	No

Do you suffer from tummy pain?	Yes	No
Have you had problems with your bowels recently?	Yes	No
Have you passed any blood in your stool?	Yes	No
Have you passed any slime (jelly) with your stools?	Yes	No

In the last year:

Have you had problems with your breathing?	Yes	No
Have you suffered from heart or chest pain?	Yes	No
Have you taken any tablets to thin your blood?	Yes	No
Have you had problems with high blood sugars/diabetes?	Yes	No

Have you ever:

Had any operations on your heart?	Yes	No
Had any operations on your stomach?	Yes	No

Have you taken any PPI tablets in the last month?	Yes	No
Have you taken any antibiotic tablets in the last month?	Yes	No
Are you allergic to any tablets or medicines?	Yes	No

PLEASE LIST ALL YOUR TABLETS AND MEDICINES OVER THE PAGE

Please bring this questionnaire with you; the information is needed to check on your health before you have the test performed today.