

General Surgical Associates

GALLSTONES

Have you recently been troubled by any of the problems listed below? (Please Circle)

Abdominal pains or cramping, particularly after meals

Nausea or vomiting

Change in stool color (white/clay-colored)

Yellow Jaundice

Has anyone in your family needed gallbladder surgery? Yes No

Are you having any of the following symptoms? (Circle Yes or No)

Fever	Yes	No
Easy fatigue	Yes	No
Chest pain or pressure	Yes	No
Heart palpitations	Yes	No
Blackouts	Yes	No
Shortness of breath	Yes	No
Wheezing or asthma attacks	Yes	No
Heartburn	Yes	No
Diarrhea	Yes	No
Blood in stool or urine	Yes	No
Frequent or painful urination	Yes	No
Intense headaches	Yes	No
Seizures	Yes	No

9/03

Name: _____

DOB: _____

Signed: _____

Date: _____