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) No Fever Yes Easy fatigue Yes No Chest pain or pressure Yes No Heart palpitations Yes No Blackouts Yes No Shortness of breath Yes No No Wheezing or asthma attacks Yes Heartburn Yes No No Diarrhea Yes Blood in stool or urine Yes No No Frequent or painful urination Yes Yes No Intense headaches Yes No Seizures 9/03

 Name:
 DOB:

 Signed:
 Date: