

ANAL CONDITIONS (CIRCLE OR WRITE WHICH APPLIES)

NOTE: I may be late because:

- One of my patients is having an emergency or needs more time than expected
- Another doctor has an emergency and I am delayed in the surgery

While you are waiting, please answer the questions below. You have come to me to find out what is wrong with your health. Help me by answering all of my questions to the best of your knowledge and recollection. It's OK if you don't remember exactly, but don't hide anything. If there is something that concerns you, **SHOW ME!!** Don't wait for me to notice it. If you feel something was overlooked, **TELL ME!!** I may not have appreciated your concern.

<p>1. Age _____ Race _____ Gender _____</p> <p>2. Do you have anal (circle which apply)</p> <ul style="list-style-type: none"> • swelling • mass • pain <ul style="list-style-type: none"> ache sharp like a knife throbbing worse with BM • discomfort • itch • burning • bleeding <ul style="list-style-type: none"> • bright red / pink <ul style="list-style-type: none"> • on toilet paper (tissue) • in bowl • on your stool • mixed with your stools • black stools • mix bright red blood and black stools <p>3. When did it start? State the approx number of</p> <p>_____ Days ago</p> <p>_____ Weeks ago</p> <p>_____ Months ago</p> <p>_____ Years ago</p> <p>4. Do you feel you move your bowel too infrequently (not enough)?</p> <p style="text-align: right;">Yes No</p> <p>5. Do you take laxatives?</p> <p style="text-align: right;">Yes No</p> <p>6. How often do you move your bowels? How many times per</p> <p>Day _____</p> <p>Week _____</p> <p>7. Are your stools: "Normal"?</p> <ul style="list-style-type: none"> • hard • soft (formed) • loose (not formed) • watery • alternating between hard and loose stools • diarrhea - with mucous or pus <p>8. What shapes are your stools</p> <ul style="list-style-type: none"> • "normal" • long and thin (ribbon) recent onset / chronic • round hard balls • non-formed • "taffy" consistency 	<p>9. If you had to move your bowels while in a mall, would you hold it until you returned home?</p> <p style="text-align: right;">Yes No</p> <p>10. Do you strain for more than 5 seconds during bowel movements (especially in the morning) ?</p> <p style="text-align: right;">Yes No</p> <p>11. Do you like pepper-like hot spicy foods?</p> <p style="text-align: right;">Yes No</p> <p>Which ones?:</p> <p>12. Do you have a sense of incomplete evacuation? (i.e. your stools do not completely empty from your rectum)</p> <p style="text-align: right;">Yes No</p> <p>13. Do you sit on the toilet for more than 10 minutes?</p> <p style="text-align: right;">Yes No</p> <p>14. What do you pass without knowing it (i.e. just comes out uncontrolled, staining of underpants, discharge - incontinent)</p> <ul style="list-style-type: none"> • No problem • gas • liquid stool, mucous, pus • solid stool <p>15. How frequently: every</p> <p style="padding-left: 40px;">Day week</p> <p style="padding-left: 40px;">month year</p> <p>16. What operations have you had <i>at any time</i> in your entire life?</p> <p>17. Have you had any previous anal/rectal problems and/or treatments? (hemorrhoids, fissures, fistulas, abscess, polyps)</p>	<p>18. What, if any, medical problems do you have (high blood pressure, diabetes, etc.)?</p> <p>19. Have you been in the hospital for any reason(s) other than those above? If so, what were they?</p> <p>20. How much alcohol do (did) you drink? _____ or None Stopped 19_____</p> <p>21. How much do (did) you smoke? _____ or Never or Stopped 19_____</p> <p>22. Did (does) your relative have cancer</p> <p style="text-align: right;">Yes No</p> <p>if Yes (circle and match appropriate combination)</p> <table style="width: 100%; border: none;"> <tr> <td>Mother</td> <td>Father</td> <td>Colon</td> <td>Breast</td> </tr> <tr> <td>Brothers</td> <td>Sisters</td> <td>Uterine</td> <td>Ovarian</td> </tr> <tr> <td colspan="4">Grand Mother/Father</td> </tr> <tr> <td colspan="4" style="text-align: center;">Other: _____</td> </tr> </table> <p>Other family history:</p> <table style="width: 100%; border: none;"> <tr> <td>Rectal/Colon Polyps</td> <td>Diabetes</td> </tr> <tr> <td>Colitis</td> <td>Hemorrhoids</td> </tr> </table> <p>23. What, if any, medications are you on?</p> <p>24. Does your <i>medical doctor or cardiologist</i> say you need antibiotics before an operation <i>other than dental procedures</i>?</p> <p style="text-align: right;">Yes No</p> <p>25. Are you allergic to any medications?</p> <p style="text-align: right;">Yes No</p> <p>26. When you have a cut or when you brush your teeth, does it take a long time to stop bleeding?</p> <p style="text-align: right;">Yes No</p> <p>27. When was your last Colonoscopy?</p> <p style="text-align: right;">Never or _____</p>	Mother	Father	Colon	Breast	Brothers	Sisters	Uterine	Ovarian	Grand Mother/Father				Other: _____				Rectal/Colon Polyps	Diabetes	Colitis	Hemorrhoids
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REMEMBER: I want to answer all of your questions, so don't hesitate to ask them. If you have not asked them or if you are not satisfied with my answers please discuss this with me before you leave. Also, be sure you understand your diagnosis and recommended treatment. No matter how busy I seem, I always have time for my patients.