## Hernia Institute of New Braunfels

## Hernia Questionnaire

Drug allergies? Please list with reactions:  Family History:  Do you have any family history of colon problems including colon cancer?  Health status or cause of death and age of Father: Health status or cause of death and age of Mother: Any diseases or conditions in family: Has anyone in your family died after an anesthetic?  Emergency Contact Information:	Today's Date		
Do you lift heavy things? (greater than 30 pounds) Does your job involve lifting heavy things? Does your job involve lifting heavy things? Do you have a persistent cough? Seasonal allergies? Sneezing? Do you strain to urinate? Do you have to wake up at night to urinate? If so, how many times Double voiding? (feeling the urge to urinate within 10 minutes after previously urinating) Do you feel like you completely empty your bladder? Is your urinary stream diminished? Do you have constipation? Do you have to strain to have a bowel movement? Do you have any rectal bleeding? Diminished caliber of your stool? Have you ever had a colonoscopy? When, where what did they find? List all of your surgeries with approximate date: Do you smoke? How much? Do you drink alcohol? How much? Please list your regular medications on the medication sheet provided for you on the next page. Pharmacy Name: Drinking your did for you have any family history of colon problems including colon cancer? Health status or cause of death and age of Father: Health status or cause of death and age of Mother: Any diseases or conditions in family: Has anyone in your family died after an anesthetic? Emergency Contact Information:	What is the reason you are seeing the doct include if you notice a bulge, where is it loc	tor today? Please write a brief na cated, is it constant on intermittent,	rrative of your problems: Please is there pain?
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Next of kin: Relationship: Phone #:	Next of kin:	Relationship:	Phone #: