

Hernia Institute of New Braunfels

Hernia Questionnaire

Today's Date _____

What is the reason you are seeing the doctor today? Please write a brief narrative of your problems: Please include if you notice a bulge, where is it located, is it constant on intermittent, is there pain?

Duration of complaint: _____ Is this workman's comp? _____
Please explain what may have contributed to the development of this hernia. _____

Do you lift heavy things? (greater than 30 pounds) _____ Do you lift things repeatedly or do you occasionally lift very 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: _____

List all medical conditions or other health problems: _____

Social history:

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: _____

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:

Next of kin: _____ Relationship: _____ Phone #: _____