



Welcome to RD4GIhealth! Please answer the following questions:

1. Please describe the history of you gastro-intestinal symptoms from childhood to the present: _____

2. How often to you have each of these symptoms: Constipation? Bloating? Gas? Pain? Distention? Diarrhea? Pain? Attacks? Alternating Constipation/ Diarrhea? _____

3. Have you been able to identify any foods/fluids which may exacerbate your symptoms and if so, please list them: _____

4. What stresses/stressors in your life have you been able to identify which may be related to your gastrointestinal problems? _____

5. Do you have any medical conditions for which you are currently being treated? _____

6. What medications/vitamins/supplements do you currently take? _____
