Whitney Guerrero MD FACS

Lifestyle questionnaire

For internal office use only - not a part of the medical record

PERSONAL INFORMATION						
Titl	e	Ms	Mrs	○ Mr		Other
Pro	onouns			_		
What problem do you need solved (constipation, pain, bleeding, itching, hygeine, etc)						
0	BSTETRIC HIST	ORY				
For patients who have been pregnant:						
How many times have you been pregnant? How many live births have you had? Did you have any babies who were over 8 lbs? yes no Did you ever have a tear or a cut during delivery? yes no						
G	ENERAL HISTO	RY				
For all patients:						
Do any of the following statements sound like you? Please check all that apply						
	My stools vary	depending	g on what I	eat		I have to push to get all the stool out
	I take a fiber su	ıpplement	regularly			I feel like I can't get all the stool out
	Sometimes I fir	nd stool in	my under	wear		It takes more than five minutes of sitting
	that I don't exp	ect to be	there			for me to have a BM
	I have to get to	the bathr	room right	away		I bleed with bowel movements
	I have to plan r	ny day ard	ound my B	Ms		I bleed in between bowel movements
	It hurts when I	have a bo	wel move	ment		When I poop it feels like a mass pops out
	It hurts after I h	nave a bov	wel moven	nent		When I poop it feels like multiple masses
	I have to wipe	multiple ti	mes after	BMs		(or a cluster of masses) pop out
	I have to wipe i	in betwee	n BMs			I have to get out of bed to urinate
	I don't feel clea	n after BM	1s			I pee when I cough/laugh/sneeze