NORTHWEST ALLIED
BARIATRIC & FOREGUT SURGERY

Heartburn & Acid Reflux Patient Intake Form

NAME:	DOB:	DATE:

1. HOW DID YOU HEAR ABOUT US?

- ☐ Primary Care Physician (PCP):
- ☐ Referring Specialist (Gastroenterologist, ENT, Pulmonologist):
- ☐ Personal: Another Patient, Family Member, or Friend
- ☐ Marketing (please circle): Billboard Website Seminar Mailer Other (please list):

2. HAVE YOU:		
• Used PPI/H2 for more than 6 months at any time? (See examples below in #3 & #4)	☐ Yes	☐ No
• Seen a Gastroenterologist for your reflux? If so, who:	☐ Yes	☐ No
• Had an Endoscopy? If so, please provide date:	☐ Yes	☐ No
• Been diagnosed with Barrett's Esophagus?	☐ Yes	☐ No
• Had a pH study? If so, please provide date:	☐ Yes	☐ No
• Done Manometry testing? If so, please provide date:	☐ Yes	☐ No
• Had surgery for Reflux (GERD) or a Hiatal Hernia repair?	☐ Yes	☐ No
• Had regurgitation symptoms? (An acid taste in your mouth and/or Unpleasant movement of material upwards from the stomach)	☐ Yes	☐ No

3. ARE YOU TAKING ANY OF THE FOLLOWING PPIs?	**HOW MANY TIMES/DAY?**	
☐ Prilosec® (Omeprazole)	☐ Once	☐ Twice
☐ Nexium® (Esomeprazole)	☐ Once	☐ Twice
☐ Prevacid® (Lansoprazole)	☐ Once	☐ Twice
☐ Dexilant® (Dexlansoprazole)	☐ Once	☐ Twice
☐ Protonix® (Pantoprazole)	☐ Once	☐ Twice
☐ Aciphex® (Rabeprazole)	☐ Once	☐ Twice
☐ Zegerid® (Omeprazole/Sodium Bicarb)	☐ Once	☐ Twice

4. ARE YOU TAKING ANY OF THE FOLLOWING H2 BLOCKERS?	**HOW MANY TIMES/DAY?**	
☐ Pepcid® (Famotidine)	☐ Once	☐ Twice
☐ Zantac® (Ranitidine)	☐ Once	☐ Twice
☐ Tagamet® (Cimetidine)	☐ Once	☐ Twice
☐ Axid® (Nizatidine)	☐ Once	☐ Twice

******Please proceed to the next page and complete all questions to determine your symptom score******

OFFICE USE ONLY BELOW:

GERD-HRQL TOTAL SCORE:	RSI TOTAL SCORE:
Satisfied / Dissatisfied / Neutral	TAKING MEDS: Y N

Patient requires testing (circle):

EGD/VLE pH Bravo pH Impedence Manometry Gastric Emptying Study

Other/Notes:

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We may ask you to complete this form during every appointment to monitor the progression of your symptoms

NAME:	DOB:	DATE:

The following are validated questionnaires to determine the severity of your symptoms. Please circle the answer that best describes your experience when you are NOT on medication.

SCORING SCALE

0 = No symptoms
1 = Symptoms noticable, but not bothersome
2 = Symptoms noticable & bothersome, but not every day
3 = Symptoms bothersome every day
4 = Symptoms affect daily activities
5 = Symptoms are incapacitating, unable to do daily activities

GERD-HRQL (Measures Typical Symptoms)							
1) How bad is your heartburn (if not taking medications)?	0	1	2	3	4	5	
2) Heartburn when lying down (if not taking medications)?	0	1	2	3	4	5	
3) Heartburn when standing up (if not taking medications)?	0	1	2	3	4	5	
4) Heartburn after meals (if not taking medications)?	0	1	2	3	4	5	
5) Does heartburn change your diet (if not taking medications)?	0	1	2	3	4	5	
6) Does heartburn wake you from sleep (if not taking medications)?	0	1	2	3	4	5	
7) Do you have difficulty swallowing (if not taking medications)?	0	1	2	3	4	5	
8) Do you have pain with swallowing (if not taking medications)?	0	1	2	3	4	5	
9) Do you have bloating or gassy feelings (if not taking medications)?	0	1	2	3	4	5	
10) If you take medication, does this affect your daily life?	0	1	2	3	4	5	
11) How satisfied are you with your present condition?	Satisfied		Neutral			Dissatisfied	
GERD-HRQL TOTAL SCORE:							

Reflux Symptom Index (Measures Atypical Symptoms)						
1) Hoarseness or a problem with your voice?	0	1	2	3	4	5
2) Clearing your throat?	0	1	2	3	4	5
3) Excess throat mucus or postnasal drip?	0	1	2	3	4	5
4) Difficulty swallowing food, liquids, or pills?	0	1	2	3	4	5
5) Coughing after you ate or lie down?	0	1	2	3	4	5
6) Breathing difficulties or choking episodes?	0	1	2	3	4	5
7) Troublesome or annoying cough?	0	1	2	3	4	5
8) Sensations of something sticking in your throat or lump in your throat?	0	1	2	3	4	5
9) Heartburn, chest pain, indigestion, or stomach acid coming up?	0	1	2	3	4	5
RSI TOTAL SCORE:						