

Hemorrhoid History Form

Patient Name: _____

Today's Date: _____

1. Reason for today's visit : _____

2. Have you ever experienced any of the following...

Straining to have a bowel movement

Blood on the tissue paper

Blood in the toilet bowl

Constipation

Rectal Pain

_____ is it constant pain?

_____ is the pain only with bowel movements?

3. Have you had any of the following rectal problems in the past?

Fissure

Fistula

Hemorrhoids

Abscess

4. Do you use regular fiber supplements? Yes No

5. Is there anything that relieves your symptoms? Yes No

a. If yes, what helps? _____

6. Do you experience fevers or chills with rectal pain? Yes No