



Date: _____

Patient's Last Name: _____ Patient's First Name: _____

Date of Birth: ____ / ____ / ____ Age: ____ Sex: M / F

Weight: _____ Height: _____

Primary Care Physician: _____ Phone: _____

If you do not want us to share information about you treatment here please initial here _____ and indicate why.

Are you currently being treated for any significant illnesses? Yes No

If yes, what are you being treated for? _____

Medical History-

- Benign or malignant tumor..... Yes No Details: _____
- Change in bowel habits Yes No Details: _____
- HIV/AIDS Yes No Details: _____
- Hepatitis or other liver disease Yes No Details: _____
- Bleeding disorder Yes No Details: _____
- Crohn's Disease Yes No Details: _____
- Black Tarry Stools Yes No Details: _____
- Constipation or diarrhea Yes No Details: _____
- Family history of Colon Cancer Yes No Details: _____

Have you ever been hospitalized before? Yes No

If yes, please specify when and for what reason: _____

Have you ever had surgery of any kind? Yes No

If yes, please specify when and for what reason: _____

Please list **all** of the medications that you currently take (please include doses and frequency): _____

Please list any allergies you may have: _____

Hemorrhoid History -

When did you first notice your hemorrhoids? Please be as specific as possible

Which of the following symptoms are you experiencing? (please circle)-

Pain

Itching

Bleeding

Protrusions

Constipation

Other symptoms _____

Have you seen another physician for hemorrhoids? Yes No

If yes, who? _____ When? _____

What treatment/testing was recommended? _____

Was treatment done? Yes No Specify: _____

Was testing done? Yes No Specify: _____

Do you have a pacemaker? Yes No

Any hyperphotosensitivity present: _____

If female-

Is there any chance you could be pregnant? _____ Date of your last menstrual cycle: _____

How many times have you been pregnant? _____

How many times have you delivered? _____

Are you pregnant now? _____

Are you taking oral contraceptives? _____

Are you taking hormone replacements? _____

