Heartburn & Acid Reflux Patient Intake Form

NAME:	DOB:	DATE:

1. HOW DID YOU HEAR ABOUT US?

- ☐ Primary Care Physician (PCP) - ***Name of referring physician:***
- ☐ Specialist (Gastroenterologist, ENT, Pulmonologist) - ***Name of referring physician:***
- ☐ Personal: Another Patient, Family Member, or Friend
- ☐ 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 LPR Symptoms? (Excessive throat clearing/Peristent cough/Hoarseness/"Lump" in throat/ Postnasal drip/Excess throat mucus/Trouble swallowing/Trouble breathing/Sore throat)	☐ 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 ☐ pH Bravo ☐ pH Impedence ☐ Manometry ☐ Marsh/Bagel

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	3 = Symptoms bothersome every day
1 = Symptoms noticable, but not bothersome	4 = Symptoms affect daily activities
2 = Symptoms noticable & bothersome, but not every day	5 = Symptoms are incapacitating, unable to do daily activities

GERD-HRQL (Measures Typical Symptoms)	
1) How bad is your heartburn?	☐0 ☐1 ☐2 ☐3 ☐4 ☐5
2) Heartburn when lying down?	☐0 ☐1 ☐2 ☐3 ☐4 ☐5
3) Heartburn when standing up?	☐0 ☐1 ☐2 ☐3 ☐4 ☐5
4) Heartburn after meals?	☐0 ☐1 ☐2 ☐3 ☐4 ☐5
5) Does heartburn change your diet?	☐0 ☐1 ☐2 ☐3 ☐4 ☐5
6) Does heartburn wake you from sleep?	☐0 ☐1 ☐2 ☐3 ☐4 ☐5
7) Do you have difficulty swallowing?	☐0 ☐1 ☐2 ☐3 ☐4 ☐5
8) Do you have pain with swallowing?	☐0 ☐1 ☐2 ☐3 ☐4 ☐5
9) If you take medication, does this affect your daily life?	☐0 ☐1 ☐2 ☐3 ☐4 ☐5
10) How bad is your regurgitation?	☐0 ☐1 ☐2 ☐3 ☐4 ☐5
11) Regurgitation when lying down?	☐0 ☐1 ☐2 ☐3 ☐4 ☐5
12) Regurgitation when standing up?	☐0 ☐1 ☐2 ☐3 ☐4 ☐5
13) Regurgitation after meals?	☐0 ☐1 ☐2 ☐3 ☐4 ☐5
14) Does regurgitation change your diet?	☐0 ☐1 ☐2 ☐3 ☐4 ☐5
15) Does regurgitation wake you from sleep?	☐0 ☐1 ☐2 ☐3 ☐4 ☐5
16) 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:	