Heartburn and Reflux Center Intake Form

Texas Health Harris Methodist Hospital®
HURST-EULESS-BEDFORD

1600 Hospital Parkway | Bedford, Texas 76022 | T 817-406-1283 | F 817-848-2052
Email: THHEBHeartburnandReflux@texashealth.org

Patient Name: ______________________ DOB: __________ Age: ________ ❑ Male ❑ Female

Address: (City, State, Zip) ______________________

Phone Numbers: Home ______________ Mobile ______________ Other ______________

Referral Source: ❑ Website ❑ Friend ❑ Advertisement ❑ Other ______________

Primary Care Physician ______________________

GI Physician ______________________

Past Medical History

____

____

Current Medications

____

____

Allergies

____

____

Height: ______________ Weight: ______________ BMI: ______________

Currently taking medication for reflux? ❑ Yes ❑ No

Medication in the past for reflux? ❑ Yes ❑ No

How long have you experienced GERD symptoms? ❑ < 3 months ❑ 1-2 years ❑ ________ years

Symptoms

❑ Burning in breastbone
❑ Pain in middle/upper stomach/throat
❑ Taking OTC meds in addition to prescription
❑ Laryngitis
❑ Chronic sinusitis
❑ Stomach contents in mouth (regurgitation)
❑ Has cardiac issue been ruled out
❑ Asthma/wheezing
❑ Hoarseness
❑ Bloating/gas
❑ Nausea
❑ Trouble sleeping due to heartburn
❑ Chronic cough
❑ Voice change
❑ Dysphagia (difficulty swallowing)

Experience heartburn when: ❑ Lying down ❑ Standing up ❑ After meals

Does heartburn change your diet? ❑ Yes ❑ No

Does heartburn wake you from sleep? ❑ Yes ❑ No

Have you been diagnosed with GERD? ❑ Yes/Date: ______________ ❑ No

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Please complete this 10-question GERD Health Related Quality of Life Questionnaire:

Scale: 0 = No Symptoms
1 = Symptoms noticeable, but not bothersome
2 = Symptoms noticeable and bothersome, but not every day
3 = Symptoms bothersome every day
4 = Symptoms affect daily activities
5 = Symptoms are incapacitating, unable to do daily activities

Questions: (circle one)

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.	Do you have bloating or gassy feelings?	0	1	2	3	4	5
10.	If you take medications, does this affect your daily life?	0	1	2	3	4	5

TOTAL Score (50 points max.) ___________________

How satisfied are you with your current condition: ❑ Satisfied ❑ Neutral ❑ Dissatisfied

Are you concerned with the warnings regarding long-term heartburn medication use? ❑ Yes ❑ No

PROVIDER USE:

Alarm Symptoms

❑ Diagnosed dysphagia ❑ Odynophagia ❑ Weight loss ❑ Bleeding ❑ Anemia

Barrett's Esophagus Risk Factors

❑ > 50 y/o ❑ Male ❑ Reflux sx > 5 – 10 years ❑ Obesity (BMI >30)

Would you like a consult or evaluation with: ❑ Gastroenterologist ❑ Surgeon ❑ Unsure

Appointment scheduled? ____

Records received? ❑ Yes/When: ____________________________________ ❑ No

Doctors on the medical staffs practice independently and are not employees or agents of Texas Health hospitals or Texas Health Resources.

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