



DATE \_\_\_\_\_

## ELIMINATION ASSESSMENT

Dear Patient,

Our ability to draw effective conclusion about your present state of health and how to improve it, depends to a significant extent on your ability to respond thoughtfully and accurately to both these written questionnaires and those posed by the doctor during your consultations. The doctor is the only person who will review these forms and your confidentiality will be maintained. Your careful consideration of each of the following questions will enhance the doctor's efficiency and will provide for more effective use of your consultation time. There are usually a few questions, which you will not know the answers to, simply leave these blank for the time being and proceed from there. Thank you in advance for your time. We look forward to working together to achieve your health goals.

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Who referred you to this clinic? \_\_\_\_\_

**Colon Bowels:**

1. My Bowels move: \_\_\_\_\_x daily; \_\_\_\_\_x week (on average)

2. Laxative use: \_\_\_\_\_x daily; \_\_\_\_\_x weekly; \_\_\_\_\_x monthly; \_\_\_\_\_never

Answer codes for the below: 1 never 2 infrequent 3 frequently 4 constantly

3. My stools are: \_\_\_\_\_ Large (3 fingers wide and 6” plus in length)  
\_\_\_\_\_ Soft and well formed (smooth textured)  
\_\_\_\_\_ Medium 2 fingers wide and 4-6 plus in length and well formed  
\_\_\_\_\_ Thin, long or narrow stools  
\_\_\_\_\_ Often float  
\_\_\_\_\_ Small and hard  
\_\_\_\_\_ Large and hard  
\_\_\_\_\_ Difficult to pass  
\_\_\_\_\_ Loose, but not watery  
\_\_\_\_\_ Diarrhea  
\_\_\_\_\_ Alternates between hard (constipated) and loose and watery (Diarrhea-like)

Stool odor: \_\_\_\_\_ Usually offensive  
\_\_\_\_\_ Offensive occasionally  
\_\_\_\_\_ Little odor usually

Stool color is: \_\_\_\_\_ Medium brown, consistently  
\_\_\_\_\_ Dark brown, consistently  
\_\_\_\_\_ Very dark, or black  
\_\_\_\_\_ Yellow, light brown or clay colored  
\_\_\_\_\_ Greenish color  
\_\_\_\_\_ Greasy, shiny appearance  
\_\_\_\_\_ Blood is visible in them  
\_\_\_\_\_ Have mucus in them  
\_\_\_\_\_ Varies a lot

Intestinal gas: \_\_\_\_\_ Daily  
\_\_\_\_\_ Occasionally  
\_\_\_\_\_ Excessive  
\_\_\_\_\_ Present with pain  
\_\_\_\_\_ Foul smelling  
\_\_\_\_\_ Little odor

4. Do you have trouble initiating your bowel movement, yet the stool is not too large?  
Or too hard?
5. Does abdominal discomfort or cramping ever accompany bowel movements?(Y/N)  
How often\_\_\_\_\_
6. Have you ever been diagnosed as having a stomach, liver, gallbladder, pancreas, intestinal or bowel disorder  
or disease? (Y/N) If yes please explain
7. Have you had or do you have hemorrhoids or varicose veins? Explain
8. Do you make a conscious effort to eat a high fiber diet? (Y/N) what do you eat?
9. Do you pay attention when nature calls? (Y/N)

Kidney/ Bladder

Answer codes

Y=Yes

N=No

AT= at times

10. Do you use bottled or purified water? (Y/N)
11. Do you drink tap water? Well Or Municipal
12. Do you make a conscious effort to drink 6-8 glasses of water daily? (Y/N)
13. Do you feel satisfied that your bladder is completely empty after urinating? (Y/N)
14. Do you have any burning or irritation during or after urination? (Y/N)
15. Do you have difficulty starting or stopping when urinating? (Y/N)
16. Do you have to get up in the middle of the night to urinate? (Y/N)  
How often? \_\_\_\_X night; \_\_\_\_x a week
17. Does the urine have a strong odor to it? (Y/N) Is it usually: Clear\_\_\_\_  
Cloudy \_\_\_\_ Bright Yellow\_\_\_\_ Dark Yellow\_\_\_\_ Orange\_\_\_\_

18. At times it has been  
Cloudy\_\_\_\_\_ Orange\_\_\_\_\_ Red\_\_\_\_\_ Greenish\_\_\_\_\_ Brownish\_\_\_\_\_

19. Please list the number and nature of the beverages you drink daily and regularly.

20. Do you get recurrent bladder infections? (Y/N)

21. Do you get unexplained deep lower back pains just below your ribs? (Y/N)

HEALTHQUEST RADIO