



Women's Health Road

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COLORECTAL PATIENT QUESTIONNAIRE

This questionnaire allows more efficiency to spend quality time engaging and making individualised, holistic health care for you.

First Name _____ Surname _____

Contact number _____ Email _____

Please outline your main colorectal related concerns that I can help you with _____

Please list any allergies you are aware of and reaction that occurs when exposed: _____

What is your weight? _____ Kg

What is your height? _____ Cm

Which symptoms best describe you? Check all that apply.

- Accidental loss or leakage of stool – sometimes unable to make it to the bathroom in time
- Bowel accidents while unaware – no warning and/or while sleeping
- Frequent, loose, watery stools
- Sudden or strong urge to go to the bathroom
- Bowel accidents when passing gas
- Constipation
- Other: Please specify what other colorectal symptoms you are experiencing below

How long have you had these symptoms? _____

Approximately how many bowel incidents do you have per week? _____

Have you tried medications to help your symptoms? Yes No

If Yes, what medications have you been using? _____

On a scale of 0 to 10, with 0 being no symptom relief and 10 being complete symptom relief, how much symptom relief have these medications provided for you? Circle number.

0	1	2	3	4	5	6	7	8	9	10
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What, if any, behaviour modifications have you tried? E.g. lifestyle changes, fibre, diet changes, physical therapy etc.

On a scale of 0 to 10, with 0 being no frustration at all and 10 being extremely frustrated, what is your level of frustration with your bowel control symptoms? Circle a number.

0	1	2	3	4	5	6	7	8	9	10
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What does your stool typically look like?

- Separate hard lumps, like nuts. Hard to pass.
- Sausage-shaped but lumpy
- Like sausage but with cracks on the surface.
- Like sausage or snake, smooth and soft.
- Soft blobs with clear-cut edges. Passed easily.
- Fluffy pieces with ragged edges, a mushy stool
- Watery, no solid pieces. Entirely liquid.

Have you had any previous surgeries or procedures relating to colorectal conditions? Yes No

If yes, please specify: _____

Are you interested in learning more about additional treatment alternatives to bowel medications.

Yes No