



Crohn's Questionnaire

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First Name _____ *Last Name* _____ *Age* _____ *Sex* _____

Do you have abdominal pain on your lower left side?

Do you have bloating before a bowel movement or passing gas?

Do you have abdominal tenderness?

Do you have blood in your stools?

Have you been experiencing nausea and/or vomiting?

Have you been experiencing constipation?

Have you been experiencing diarrhea?

Have you been experiencing both constipation and diarrhea?

Do you feel as if you have to have another bowel movement soon after having one?

Do you have mucus or pus in your stools?

Is your pain alleviated after a bowel movement?

Is your pain on the lower right side of the abdomen just below the bellybutton?

Do you have any surgeries recently? Yes No

Have you consulted some Homeopathic or alternative consultant recently? Yes No