



HEARTBURN OR ACID REFLUX QUESTIONNAIRE.

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

How often does your heartburn occur?

- occasionally
- weekly
- 3-4 times a week
- 1-2 times a week
- every day

When does your heartburn occur?

- during the night
- after eating
- when bending over
- when stressed
- at random times

Do you experience any of these symptoms?

- frequent belching
- frequent hiccupping
- regurgitating food into your mouth
- regurgitating liquids into your mouth
- a sour or bitter taste in your mouth

During your meal have you noticed these problems?

- difficulty swallowing food
- difficulty swallowing liquids
- food getting caught in the upper chest area
- food getting caught in the lower chest area
- pain on swallowing

Have any of these caused you concern?

- feeling full after eating small amounts of food
- recent unexplained weight loss
- stomach or abdominal pain after eating
- vomiting blood or black substances
- unable to swallow food and/ or liquids

Have you recently had any of these?

- bloating
- indigestion or upset stomach
- nausea
- vomiting
- vomiting without nausea

Are you having any bowel problems?

- passing an unusual amount or unusual frequency of gas
- loose stools
- watery diarrhea
- constipation
- bloody or dark, tarry stools

How long do you go between bowel movements?

- a few hours
- a day
- 2-3 days
- 4-6 days
- a week or more

Do you have any other symptoms?

- chest pain when not swallowing
- chest pain on exertion
- persistent, dry cough
- hoarse voice or change in voice
- wheezing

What tests and treatment have you done in the past?

- esophagus scoped
- esophageal surgery
- stomach surgery
- over-the-counter medication for your heartburn
- prescription medications for your heartburn

Do you have any abdominal pain on your lower left side?

- Yes
- No

Do you have any abdominal tenderness?

- No
- Yes
- occasionally

Do you have any blood in stool or vomits?

- No
- Yes

0 occasionally.

Do you have any blood in stool or vomits?

0 No

0 Yes

0 occasionally

Have you ever consulted any Homeopath recently?

0 No

0 Yes

0 Long Time ago

If yes, please give name Dr. _____

How long treatment was taken?

0 less than month.

0 three to six months

0 Longer than 6 months.

What medicine do you take for your stomach?

How much and when do you take it?

How long have you been on the medicine?

Have you had your esophagus scoped before? _____ When?

Have you had any surgery done on your stomach?

What kind of surgery? If any

When did you have surgery?
