Name:_____ **Date:**_____

Digestive questionnaire:

Please Place a Check (√) if symptom is present.	For Office Use Only – Do Not Mark on This Side
• Bad breath ____ • Loss of taste for high protein foods ____ • Burning "acid" or nervous stomach relieved by ____ • Gas shortly after eating ____ • Acid or spicy foods upset the stomach ____ • Are you hungry after eating ____ • Food feels like it doesn't move / bloated after eating ____	HCL POINT _____(0-10) STOMACH POINTS _____(0-10) T-5 TENDERNESS / FIXATION OBERMEYER (0 1+ 2+ 3+ 4+) TONGUE: IRIS:
• Indigestion ½ -1 hour after meals ____ • Difficulty digesting fruits or vegetables ____ • Undigested food observed in stools ____	ENZYME POINT_____(0-10) T-6 TENDERNESS / FIXATION NOTE:
• Lower bowel gas/bloating several hours after eating ____ • Dry skin, itchy feet and/or peeling skin on feet ____ • Brown spots or bronzing of skin ____ • Bitter metallic taste in mouth ____ • Blurred vision ____ • Headaches over eyes ____ • Feel nausea, queasy, or gag easily ____ • Color of stools light brown or yellow ____ • Greasy or high fat foods cause distress ____ • Pain between shoulder blades ____ • Acid breath ____ • History of gall bladder attacks, gallstones, or gallbladder removal ____	MURPHY'S SIGN _____(0-10) T-4 TENDERNESS / FIXATION T-8 TENDERNESS/FIXATION SCLERA DISCOLORATION? NOTE:
• Coated or "fuzzy" debris on tongue ____ • Pass large amounts of foul smelling gas ____ • Irritable bowel or mucous colitis ____ • Frequent constipation or diarrhea (circle one) ____ • Difficult or painful bowel movements ____ • Burning or itching anus ____	PALPATION TENDERNESS: ASCENDING_____(0-10) TRANSVERSE____(0-10) DESCENDING____(0-10) ILEO-TIBIAL BAND____(0-10) L-1 TENDERNESS / FIXATION L-2 TENDERNESS / FIXATION L-4 TENDERNESS / FIXATION RPI or LPI ? NOTE:
	SMALL INTESTINE REFLEXES: T-10 TENDERNESS / FIXATION NOTE: