

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Digestive questionnaire:**

Please Place a Check (√) if symptom is present.	For Office Use Only – Do Not Mark on This Side
<ul style="list-style-type: none"> <li>• Bad breath _____</li> <li>• Loss of taste for high protein foods _____</li> <li>• Burning “acid” or nervous stomach relieved by _____</li> <li>• Gas shortly after eating _____</li> <li>• Acid or spicy foods upset the stomach _____</li> <li>• Are you hungry after eating _____</li> <li>• Food feels like it doesn’t move / bloated after eating _____</li> </ul>	HCL POINT _____(0-10) STOMACH POINTS _____(0-10) T-5 TENDERNESS / FIXATION OBERMEYER ( 0 1+ 2+ 3+ 4+ ) TONGUE: IRIS:
<ul style="list-style-type: none"> <li>• Indigestion ½ -1 hour after meals _____</li> <li>• Difficulty digesting fruits or vegetables _____</li> <li>• Undigested food observed in stools _____</li> </ul>	ENZYME POINT _____(0-10) T-6 TENDERNESS / FIXATION NOTE:
<ul style="list-style-type: none"> <li>• Lower bowel gas/bloating several hours after eating _____</li> <li>• Dry skin, itchy feet and/or peeling skin on feet _____</li> <li>• Brown spots or bronzing of skin _____</li> <li>• Bitter metallic taste in mouth _____</li> <li>• Blurred vision _____</li> <li>• Headaches over eyes _____</li> <li>• Feel nausea, queasy, or gag easily _____</li> <li>• Color of stools light brown or yellow _____</li> <li>• Greasy or high fat foods cause distress _____</li> <li>• Pain between shoulder blades _____</li> <li>• Acid breath _____</li> <li>• History of gall bladder attacks, gallstones, or gallbladder removal _____</li> </ul>	MURPHY’S SIGN _____(0-10) T-4 TENDERNESS / FIXATION T-8 TENDERNESS/FIXATION SCLERA DISCOLORATION? NOTE:
<ul style="list-style-type: none"> <li>• Coated or “fuzzy” debris on tongue _____</li> <li>• Pass large amounts of foul smelling gas _____</li> <li>• Irritable bowel or mucous colitis _____</li> <li>• Frequent constipation or diarrhea (circle one) _____</li> <li>• Difficult or painful bowel movements _____</li> <li>• Burning or itching anus _____</li> </ul>	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: