



Surgical Consultants of Dallas, L.L.C

Patient Name: _____ DOB: _____

Gallbladder Disease

When did your pain start? _____

How often do you get pain? _____

How long do your pain last? _____

Do you have any other symptoms such as nausea, vomiting, bloating, or heartburn?

Have you ever had jaundice? (yellowing of the skin) _____

How many episodes have you had? _____

Have you previously seen a doctor for this problem? If so, which doctor?

Have you had any blood work (labs) done for this problem? _____

Have you had any imaging (ultrasound, CT scan, MRI) for this problem?

Did you bring records with you today? _____