bioHealth

Suite 1010, Calgary Place Tower 1, 330-5 Ave SW
Calgary, AB, T2P 0L4
T: 403.250.2221 | F: 587.349.9751
E: clinic@bioaro.com

**Patient Information**

Label Here

**Referring Physician**

Date : _____

Physician Name: _____

Physician Address: _____

Physician Number: _____

Physician Signature: _____

Copies to: _____

# Gut Health Clinic

## Check ALL symptoms that apply

- ☐ Abdominal Pain or Discomfort
- ☐ Abdominal Cramps or Spasms
- ☐ Abdominal Bloating and Distention
- ☐ Abnormal or Irregular Bowel Movements
- ☐ Anxiety
- ☐ Depression
- ☐ Belching
- ☐ Combination of both Diarrhea and Constipation
- ☐ Constipation
- ☐ Diarrhea
- ☐ Flatulence
- ☐ Fatigue
- ☐ Foul-Smelling Stools
- ☐ Food Intolerances or Sensitivities
- ☐ Gastrointestinal Reflux (Heartburn)
- ☐ Increased Sensitivity to Stress
- ☐ Loss of Appetite
- ☐ Mucus in the Stool
- ☐ Muscle Pain or Stiffness
- ☐ Nausea
- ☐ Poor Sleep Quality
- ☐ Sleep Disturbances (Insomnia)
- ☐ Urgency to have a Bowel Movement
- ☐ Weight Fluctuations

**Please include ALL relevant investigational reports and consultation notes, including Blood and Stool tests, Ultrasound, X-rays, Endoscopy/Colonoscopy, CT and/or MRI.**

**Clinical Notes:**



**Please fax completed form - we will call the patient to book.**