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## Stomach, Duodenum, and Peritoneal Adhesions

Name:

SSN:

Date of Exam:

C-number:

Place of Exam:

### A. Review of Medical Records:

### B. Medical History (Subjective Complaints):

Comment on:

1. Nausea, vomiting.
2. Hematemesis or melena (describe any episodes).
3. Treatment - type, duration, response, side effects.
4. For postgastrectomy syndrome: Is there circulatory disturbance after meals, hypoglycemic reactions, etc. (state time of onset in relation to meals, frequency)?
5. Diarrhea, constipation.
6. For peritoneal adhesions: are there episodes of colic, distention, nausea, and/or vomiting? - frequency, duration, and severity.
7. Are there periods of incapacitation due to stomach or duodenal disease?
8. History of hospitalizations or surgery: reason or type of surgery, dates and locations, if known.
9. History of trauma.
10. Effects of condition on occupational functioning and activities of daily living.
11. Pain - location, type, precipitating, alleviating factors.
12. History of neoplasm:
  - a. Date of diagnosis, diagnosis.
  - b. Benign or malignant.
  - c. Treatment, dates and response.
  - d. Last date of treatment.

### C. Physical Examination (Objective Findings):

Address each of the following and fully describe current findings:

1. Weight gain or loss.
2. Signs of anemia.
3. Tenderness - location.

### D. Diagnostic and Clinical Tests:

1. For gastritis, endoscopic evidence - describe hemorrhage, ulcerated or eroded areas.
2. For adhesions, X-ray to show partial obstruction, delayed motility.
3. For ulcer disease, provide specific site.
4. If there is a history of hematemesis or melena (past 12 months) or signs of anemia, obtain hemoglobin and hematocrit.
5. Include results of all diagnostic and clinical tests conducted in the examination report.

### E. Diagnosis:

Signature:

Date: