Institute of Esophageal and Reflux Surgery

Reginald Bell MD | Jocelyn Burke MD | Kate Freeman NP

First Name:_____ Last Name:_____ Middle Initial:_____

Date of Birth:_____ Sex ☐ Male ☐ Female Height _____ Weight _____

Email:_____ Phone:_____

Address:_____ City:_____ State:_____ Zip:_____

Emergency Contact:_____ Phone number:_____ Relationship:_____

Race:_____ Ethnicity:_____

Primary care provider:_____ Referring provider:

Other providers to receive communication:_____

How did you hear about us? _____

Reason for visit:_____

Primary insurance:_____ Subscriber number:_____

Group number:_____ Phone number (back of card):_____

Policy holder name:_____ Date of Birth: _____ Relationship to you:_____ Secondary insurance:_____ Subscriber number:_____

Group number:_____ Phone number (back of card):_____

Policy holder name:_____ Relationship to you:_____

Past Medical History: Please list any medical history (high blood pressure, heart attacks, strokes, asthma, cancer, etc)

_____

_____

_____

Medications: ◯ none (attach separate page if needed)

Drug:_____ Dose:_____ How many times a day:_____

Drug:_____ Dose:_____ How many times a day:_____

Drug:_____ Dose:_____ How many times a day:_____

Drug:_____ Dose:_____ How many times a day:_____

Drug:_____ Dose:_____ How many times a day:_____

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Allergies: ◯ None

_____

Surgeries:

☐ Previous reflux surgery/hiatal hernia surgery _____

☐ Stomach/esophagus surgery _____

☐ Other abdominal surgery _____

Family History: Please lest any medical problems for the following:

Father: ☐ alive ☐ Deceased _____

Mother: ☐ alive ☐ Deceased _____

Brother: ☐ alive ☐ Deceased _____

Sister: ☐ alive ☐ Deceased _____

Do you Smoke tobacco? ☐ Never ☐ quit in year:_____ ☐ Current _____ packs a day since_____(year)

We prefer to use email for communication. There are a few guidelines that we have regarding email:
-In a medical emergency- call 911, do not use email communication.
-Consider email communication like a postcard- visible to others. Our servers are secure and HIPPA compliant, but yours may not be. For this reason, email should be used for non sensitive, non urgent communication. Emails such as requesting appointments, questions about symptoms or prescriptions, test results, or routine follow up issues are all appropriate use for email.
-At any point, either by email or in writing, you may request that email communication be discontinued.
-We have provided you with our email address. If you send an email to this address, we will assume you give us permission to respond to respond via email.

By providing my email, I give my permission for SOFI to communicate with me via email. If you do not have an email, or if you do not wish to communicate via email, type "none" in the space provided above.

You may leave a voicemail if needed at this number:_____ ☐ do not leave phone messages

I give my permission to discuss my healthcare with:_____
(we will only release information to those you list here).

(X) I acknowledge that I have reviewed and agree to the notice of privacy practices, the financial responsibility policy, email policy, and the cancellation policy for SOFI.

Signature:_____ Date:_____

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Cancellation Policy

Surgery Cancellation Policy:

Our office requires **14 business days notification** when canceling any surgical procedure. This is a necessary requirement as we must allocate time in advance on our physician's schedules and time on the hospital's or surgery center's schedule. If you fail to notify our office of your cancellation **at least 14 business days prior** to your surgery scheduling, **a $200 cancellation fee** may be applied to your account.

GI procedure cancellation policy

The G.I procedure cancellation policy is identical to the above surgical policy.

Office visit cancellation policy

Our office also requires 2 (two) business day notification for cancelled office visits. Failure to provide this notification may results in a $50 cancellation/no show fee applied to your account.

Patient Signature: Date:

Institute of Esophageal and Reflux Surgery
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FINANCIAL POLICY

Thank you for choosing IERS for your healthcare. In order to achieve our goal of providing and maintaining a good physician-patient relationship, we believe it is important to have solid financial policies in place. We also believe that these policies will allow us to provide our patients with high quality, cost-effective care. We ask that you carefully read and sign the following SOFI Financial Policy prior to your treatment.

- Upon arrival, please sign in at the front desk and present your current health insurance card as well as your driver's license or another acceptable form of ID. You may be asked to present both of these items at each visit for proper identification.
- If you do not have health insurance coverage, choose to bill your own insurance, or if our physicians do not participate in your health insurance plan, payment IN FULL is due at the time of service. Acceptable forms of payment are cash, check, VISA and MasterCard.
- You are responsible to make complete insurance information available to SOFI. for accurate filing of claims. Complete insurance information includes current benefit cards (primary and secondary), proper identification, and referrals from other providers if applicable.
- You are responsible for checking with your insurance plan regarding any co-payment, deductible or co-insurance that you may owe at the time of service.
- Co-payments are a contractual obligation with your insurance company. You are required to pay your co-payment, and we are required to collect your co-payment at the time of each visit. Co-payments are collected prior to service.
- If the insurance information that you provide at the time of your visit is incorrect, you will be responsible for payment of your visit and to submit the charges to the correct plan.
- For indemnity-type health insurance plans, insurance payments received by SurgOne, P.C. will be applied to your account and you agree to pay the balance.
- If you have a HMO or PPO health insurance plan and SOFI participateS in your plan, we will accept payment from the carrier for services covered by your benefit plan.
- If you have a surgical procedure that requires the use of a surgical assistant, SOFI will bill for these services.
- If you undergo a surgical procedure, in addition to a bill from your surgeon, you may also receive bills from the hospital or surgical center where the procedure is performed, regarding anesthesia, pathology/lab, radiology and various consultants.
- Not all services provided by our office are covered by every health insurance plan. Any service determined NOT to be covered by your plan will be your responsibility.
- SOFI is committed to providing the best treatment for our patients; however, you are responsible for any unpaid balance regardless of your insurance company's arbitrary determination of usual and customary rates.
- For scheduled appointments, prior balances must be paid prior to the visit.
- A $20 fee will be charged for any checks returned for insufficient funds, plus any bank fees incurred.
- A $35 fee is required for the completion of patient forms regarding disability insurance, life insurance and FMLA.
- **It is your responsibility to know your healthcare benefits and coverage limitations.**

We will be happy to address any questions you may have after reading our Financial Policy. Please let our staff know if you would like a copy of this policy.

Institute of Esophageal and Reflux Surgery

PATIENT NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996-(HIPAA), Health Information Technology for Economic and Clinical Health Act (HITECH Act), and associated regulations and amendments

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice or if you need more information, please contact:

IER Surgery
499 E Hampden Ave #400
Englewood CO 80113
303-788-7700 info@iersurgery.com

ABOUT THIS NOTICE

We understand that health information about you is personal and we are committed to protecting your information. We create a record of the care and services you receive at IERS**.** We need this record to provide care (treatment), for payment of care provided, for health care operations, and to comply with certain legal requirements. This Notice will tell you about the ways in which we may use and disclose health information about you. It also describes your rights and certain obligations we have regarding the use and disclosure of health information. We are required by law to follow the terms of this Notice that is currently in effect.

WHAT IS PROTECTED HEALTH INFORMATION ("PHI")

PHI is information that individually identifies you. We create a record or get from you or from another health care provider, health plan, your employer, or a health care clearinghouse that relates to:

- Your past, present, or future physical or mental health or conditions,
- The provision of health care to you, or
- The past, present, or future payment for your health care.

HOW WE MAY USE AND DISCLOSE YOUR PHI

We may use and disclose your PHI in the following circumstances:

- **Treatment.** We may use or disclose your PHI to give you medical treatment or services and to manage and coordinate your medical care. For example, your PHI may be provided to a physician or other health care provider (e.g., a specialist or laboratory) to whom you have been referred to ensure that the physician or other health care provider has the necessary information to diagnose or treat you or provide you with a service.

- **Payment.** We may use and disclose your PHI so that we can bill for the treatment and services you receive from us and can collect payment from you, a health plan, or a third party. This use and disclosure may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, we may need to give your health plan information about your treatment in order for your health plan to agree to pay for that treatment.

- **Health Care Operations.** We may use and disclose PHI for our health care operations. For example, we may use your PHI to internally review the quality of the treatment and services you receive and to evaluate the performance of our team members in caring for you. We also may disclose information to physicians, nurses, medical technicians, medical students, and other authorized personnel for educational and learning purposes.

- **Appointment Reminders/Treatment Alternatives/Health-Related Benefits and Services.** We may use and disclose PHI to contact you to remind you that you have an appointment for medical care, or to contact you to tell you about possible treatment options or alternatives or health related benefits and services that may be of interest to you.

- **Minors**. We may disclose the PHI of minor children to their parents or guardians unless such disclosure is otherwise prohibited by law.

- **Research.** We may use and disclose your PHI for research purposes, but we will only do that if the research has been specially approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your PHI. Even without that special approval, we may permit researchers to look at PHI to help them prepare for research, for example, to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of, any PHI. We may disclose PHI to be used in collaborative research initiatives amongst **IERS** providers. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. However, we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the confidentiality and security of the data, and (3) not identify the information or use it to contact any individual.

- **As Required by Law.** We will disclose PHI about you when required to do so by international, federal, state, or local law.

- **To Avert a Serious Threat to Health or Safety.** We may use and disclose PHI when necessary to prevent a serious threat to your health or safety or to the health or safety of others. But we will only disclose the information to someone who may be able to help prevent the threat.

- **Business Associates.** We may disclose PHI to our business associates who perform functions on our behalf or provide us with services if the PHI is necessary for those functions or services. For example, we may use another company to do our billing, or to provide transcription or consulting

services for us. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your PHI.

- **Organ and Tissue Donation.** If you are an organ or tissue donor, we may use or disclose your PHI to organizations that handle organ procurement or transplantation – such as an organ donation bank – as necessary to facilitate organ or tissue donation and transplantation.

- **Military and Veterans.** If you are a member of the armed forces, we may disclose PHI as required by military command authorities. We also may disclose PHI to the appropriate foreign military authority if you are a member of a foreign military.

- **Workers' Compensation.** We may use or disclose PHI for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

- **Public Health Risks.** We may disclose PHI for public health activities. This includes disclosures to: (1) a person subject to the jurisdiction of the Food and Drug Administration ("FDA") for purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity; (2) prevent or control disease, injury or disability; (3) report births and deaths; (4) report child abuse or neglect; (5) report reactions to medications or problems with products; (6) notify people of recalls of products they may be using; and (7) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

- **Abuse, Neglect, or Domestic Violence.** We may disclose PHI to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.

- **Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- **Data Breach Notification Purposes.** We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.

- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. We may also use or disclose your PHI to defend ourselves in the event of a lawsuit.

- **Law Enforcement.** We may disclose PHI, so long as applicable legal requirements are met, for law enforcement purposes.

- **Military Activity and National Security.** If you are involved with military, national security or intelligence activities or if you are in law enforcement custody, we may disclose your PHI to authorized officials so they may carry out their legal duties under the law.

- **Coroners, Medical Examiners, and Funeral Directors.** We may disclose PHI to a coroner, medical examiner, or funeral director so that they can carry out their duties.

- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose PHI to the correctional institution or law enforcement official if the disclosure is necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

- **Uses and Disclosures That Require Us to Give You an Opportunity to Object and Opt Out**

- **Individuals Involved in Your Care.** Unless you object in writing, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

- **Payment for Your Care.** Unless you object in writing, you can exercise your rights under HIPAA that your healthcare provider not disclose information about services received when you pay in full out of pocket for the service and refuse to file a claim with your health plan.

- **Disaster Relief.** We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can do so.

- **Fundraising Activities.** We may use or disclose your PHI, as necessary, in order to contact you for fundraising activities. You have the right to opt out of receiving fundraising communications.

Your Written Authorization if Required for Other Uses and Disclosures

The following uses and disclosures of your PHI will be made only with your written authorization:

- Most uses and disclosures of psychotherapy notes;
- Uses and disclosures of PHI for marketing purposes; and
- Disclosures that constitute a sale of your PHI.

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer and we will no longer disclose PHI under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

Your Rights Regarding Your PHI

You have the following rights, subject to certain limitations, regarding your PHI:

- **Inspect and Copy.** You have the right to inspect, receive, and copy PHI that may be used to make decisions about your care or payment for your care. We have up to **30 days** to make your PHI available to you and we may charge you a reasonable fee for the costs of copying, mailing

or other supplies associated with your request. You can only direct us in writing to submit your PHI to a third party not covered in this notice. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

- **Summary or Explanation.** We can also provide you with a summary of your PHI, rather than the entire record, or we can provide you with an explanation of the PHI which has been provided to you, so long as you agree to this alternative form and pay the associated fees.

- **Electronic Copy of Electronic Medical Records.** If your PHI is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. If the PHI is not readily producible in the form or format you request your record will be provided in a readable hard copy form.

- **Receive Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured PHI.

- **Request Amendments.** If you feel that the PHI we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for us. A request for amendment must be made in writing to the Privacy Officer at the address provided at the beginning of this Notice and it must tell us the reason for your request. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

- **Accounting of Disclosures.** You have the right to ask for an "accounting of disclosures," which is a list of the disclosures we made of your PHI. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. The first accounting of disclosures you request within any 12- month period will be free. For additional requests within the same period, we may charge you for the reasonable costs of providing the list. We will tell you what the costs are, and you may choose to withdraw or modify your request before the costs are incurred.

- **Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or health care operations. We are not required by federal regulation to agree to your request. If we do agree with your request, we will comply unless the information is needed to provide emergency treatment. To request restrictions, you must make your request in writing to the Privacy Officer. Your request must state the specific restriction requested, whether you want to limit our use and/or disclosure; and to whom you want the restriction to apply.

- **Request Confidential Communications.** You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail at a specific address or call you only at your work number. You must make any such request in writing and you must specify how or where we are to contact you.

- **Paper Copy of This Notice.** You have the right to a paper copy of this Notice, even if you have agreed to receive this Notice electronically. You may obtain a copy of this Notice by visiting our website: *www.doctorbewell.com* or contact the **Be Well Medical Center** office you are receiving services from.

- **Changes to This Notice**

We reserve the right to change this Notice. We reserve the right to make the changed Notice effective for PHI we already have as well as for any PHI we create or receive in the future. A copy of our current Notice is posted in our office and on our website.

- **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the **SOFI RESEARCH LLC.**, Privacy Officer, at the address listed at the beginning of this Notice or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the Secretary, mail it to: Secretary of the U.S. Department of Health and Humans Services, 200 Independence Ave., S.W., Washington, D.C. 20201. Call (202) 619-0257 (or toll free (877) 696-6775 or go to the website of the Office for Civil Rights, www.hhs.gov/ocr/hipaa/, for more information. **You will not be penalized for filing a complaint.**

Notice Effective 9/23/2013

BE WELL MEDICAL CENTER
ACKNOWLEDGEMENT OF RECEIPT OF
PATIENT NOTICE OF PRIVACY PRACTICES

I acknowledge that I read and/or received a copy of the **IER Surgery** Patient Notice of Privacy Practices effective June 1, 2018

Date: _____ Patient Signature: _____

(or Guardian, if applicable)

Institute of Esophageal and Reflux Surgery

Reginald Bell MD | Jocelyn Burke MD | Kate Freeman NP

CONSENT FOR OFFICE PROCEDURES

Some of these procedures performed in the workup of foregut disorders are performed in our office. These procedures include: TransNasal Endoscopy (TNE), High Resolution Impedance Manometry (HRIM), 24 hour impedance pH, 48 hour wireless pH (Bravo), and the SmartPill. There are some minor risks involved with these procedures, which are listed below.

These tests are in general very safe, but as with any invasive procedure they have the possibility of complications.

During a TNE, HRIM, and impedance pH test, a small tube (1/10" to 1/5" diameter) is inserted through your nose and into your esophagus and stomach. These tests can cause mild irritation in the nose and throat that may last for a day or two. The risk of injury to the nose, esophagus, or stomach are small, less than 1%, and include nose bleeds or more severe irritation to the back of the throat. Although perforation, infection, or injury to internal organs is possible, we have not experienced any serious or long term complications from these procedures.

The Bravo capsule is a small capsule that is attached to the lower part of the esophagus to measure esophageal acid exposure. This capsule is introduced through the mouth at the end of a flexible plastic sleeve and attaches by suction. The sleeve is then removed. The capsule sends information to a pager wirelessly. The capsule generally falls off in 3 to 5 days and exits the body with a bowel movement. The most commonly reported sided effects from placement of the capsule are chest discomfort or difficulty swallowing; these are generally limited to a few days and should not require any medication (it is important to chew your food thoroughly). There is a small risk (less than 1%) of injury or irritation to the back of the throat and/or esophagus. There is a small risk of the food getting stuck at the site of the capsule, or the capsule not falling off on its own, or the capsule getting stuck in the esophagus, stomach, or intestines, which may require other intervention. It is recommended that an MRI not be performed within a month of the procedure unless an Xd ray is performed of the chest and abdomen to ensure the capsule is no longer present.

The Smartpill is a small capsule that you swallow and it measures how long it takes for your stomach and intestines to empty. There is a small risk (less than 1%) of the capsule getting stuck in the esophagus, stomach and/or intestines, which may require other intervention. It is recommended that an MRI not be performed within a month of the procedure unless an X-ray is performed of the chest and abdomen to ensure the capsule is no longer present.

Please notify the office staff if you have a metal allergy

If you are sent home with a receiver, you are responsible for damages to that receiver. You will need to bring the receiver back on the day indicated, so that other patients may have their testing done as planned. If you fail to bring the receiver back on the day indicated, you may be charged $200 per day.

If you have any questions, please ask prior to signing this consent form.

☐ I give IERS permission to use filmed personal testimonials on our website, in the office, and social media for purposes of patient education.

Patient Name: Date:

Signature

ROARS Questionnaire OFF Medication rev 3.12.18

Name or ID: _____ DOB:_____ Date:_____

Do you normally take medication for REFLUX?

☐ No ☐ Daily ☐As needed, occasionally

If so, what kind?

☐Proton Pump Inhibitors (omeprazole, Prilosec, Nexium, Dexilant, Prevacid, … other meds ending in 'zole')

☐H2 Blocker (ranitidine, Zantac, Pepcid, famotidine)

☐Antacids (TUMS, Rolaids, Maalox, Gelusil, Mylanta….)

☐Not sure

How much do you think this really helps?

☐Not at all ☐Some ☐A lot ☐I'm not sure

Are you taking medication at the time of this survey?

☐Yes ☐No

Please answer every question based on how you feel or would feel OFF REFLUX MEDICATION using the following scale.

0 = No symptoms		**3** = Symptoms bothersome ***every day***
1 = Symptoms noticeable but ***not bothersome***		**4** = Symptoms ***affect daily activities***
2 = Symptoms noticeable and bothersome but ***not every day***		**5** = Symptoms are ***incapacitating*** – unable to do activities

Off Medication I feel or would feel:						
1. How bad is your heartburn?	☐ 0	☐1	☐2	☐3	☐4	☐5
2. Heartburn when lying down?	☐ 0	☐1	☐2	☐3	☐4	☐5
3. Heartburn when standing up?	☐ 0	☐1	☐2	☐3	☐4	☐5
4. Heartburn after meals?	☐ 0	☐1	☐2	☐3	☐4	☐5
5. Does heartburn change your diet?	☐ 0	☐1	☐2	☐3	☐4	☐5
6. Does heartburn wake you from sleep?	☐ 0	☐1	☐2	☐3	☐4	☐5
7. Do you have difficulty swallowing?	☐ 0	☐1	☐2	☐3	☐4	☐5
8. Do you have pain with swallowing?	☐ 0	☐1	☐2	☐3	☐4	☐5
9. How bad is your regurgitation?	☐ 0	☐1	☐2	☐3	☐4	☐5
10. Regurgitation when lying down?	☐ 0	☐1	☐2	☐3	☐4	☐5
11. Regurgitation when standing up?	☐ 0	☐1	☐2	☐3	☐4	☐5
12. Regurgitation after meals?	☐ 0	☐1	☐2	☐3	☐4	☐5
13. Does regurgitation change your diet?	☐ 0	☐1	☐2	☐3	☐4	☐5
14. Does regurgitation wake you from sleep?	☐ 0	☐1	☐2	☐3	☐4	☐5
15. Do you have abdominal bloating or distention?	☐ 0	☐1	☐2	☐3	☐4	☐5
16. Do you have cough?	☐ 0	☐1	☐2	☐3	☐4	☐5
17. Do you have excess flatulence (passing gas)?	☐ 0	☐1	☐2	☐3	☐4	☐5
18. Do you have voice changes?	☐ 0	☐1	☐2	☐3	☐4	☐5
19. Do you have nausea?	☐ 0	☐1	☐2	☐3	☐4	☐5
20. Do you have vomiting?	☐ 0	☐1	☐2	☐3	☐4	☐5
21. Do you have dumping (crampy abdominal pain and diarrhea after eating)?	☐ 0	☐1	☐2	☐3	☐4	☐5
22. Do you have bowel urgency?	☐ 0	☐1	☐2	☐3	☐4	☐5
23. If you take reflux medications, does this affect your daily life?	☐ 0	☐1	☐2	☐3	☐4	☐5

24. Are you able to belch?	☐ Yes	☐ No	☐ Don't know
25. Are you able to vomit if needed?	☐ Yes	☐ No	☐ Don't know
26. How satisfied are you with your present condition?	☐Satisfied	☐Neutral	☐Dissatisfied

ROARS Questionnaire ON Medication rev 3.12.18

Name or ID: _____ DOB:_____ Date:_____

Do you normally take medication for REFLUX?

☐ No ☐ Daily ☐As needed, occasionally

If so, what kind?

☐Proton Pump Inhibitors (omeprazole, Prilosec, Nexium, Dexilant, Prevacid, … other meds ending in 'zole')

☐H2 Blocker (ranitidine, Zantac, Pepcid, famotidine)

☐Antacids (TUMS, Rolaids, Maalox, Gelusil, Mylanta….)

☐Not sure

How much do you think this really helps?

☐Not at all ☐Some ☐A lot ☐I'm not sure

Are you taking medication at the time of this survey?

☐Yes ☐No

Please answer every question based on how you feel or would feel ON REFLUX MEDICATION using the following scale.

0 = No symptoms		**3** = Symptoms bothersome ***every day***
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6. Does heartburn wake you from sleep?	☐ 0	☐1	☐2	☐3	☐4	☐5
7. Do you have difficulty swallowing?	☐ 0	☐1	☐2	☐3	☐4	☐5
8. Do you have pain with swallowing?	☐ 0	☐1	☐2	☐3	☐4	☐5
9. How bad is your regurgitation?	☐ 0	☐1	☐2	☐3	☐4	☐5
10. Regurgitation when lying down?	☐ 0	☐1	☐2	☐3	☐4	☐5
11. Regurgitation when standing up?	☐ 0	☐1	☐2	☐3	☐4	☐5
12. Regurgitation after meals?	☐ 0	☐1	☐2	☐3	☐4	☐5
13. Does regurgitation change your diet?	☐ 0	☐1	☐2	☐3	☐4	☐5
14. Does regurgitation wake you from sleep?	☐ 0	☐1	☐2	☐3	☐4	☐5
15. Do you have abdominal bloating or distention?	☐ 0	☐1	☐2	☐3	☐4	☐5
16. Do you have cough?	☐ 0	☐1	☐2	☐3	☐4	☐5
17. Do you have excess flatulence (passing gas)?	☐ 0	☐1	☐2	☐3	☐4	☐5
18. Do you have voice changes?	☐ 0	☐1	☐2	☐3	☐4	☐5
19. Do you have nausea?	☐ 0	☐1	☐2	☐3	☐4	☐5
20. Do you have vomiting?	☐ 0	☐1	☐2	☐3	☐4	☐5
21. Do you have dumping (crampy abdominal pain and diarrhea after eating)?	☐ 0	☐1	☐2	☐3	☐4	☐5
22. Do you have bowel urgency?	☐ 0	☐1	☐2	☐3	☐4	☐5
23. If you take reflux medications, does this affect your daily life?	☐ 0	☐1	☐2	☐3	☐4	☐5

24. Are you able to belch?	☐ Yes	☐ No	☐ Don't know
25. Are you able to vomit if needed?	☐ Yes	☐ No	☐ Don't know
26. How satisfied are you with your present condition?	☐Satisfied	☐Neutral	☐Dissatisfied