THE OREGON CLINIC | Specialty Medicine with Commitment, Care & Compassion

Name: _____

DOB: _____

Chart: _____

# Esophageal Manometry / Impedance pH Study

Date: _____ MD: _____ Referring: _____

| Medications | Dosage | Last Dose | Medical history/Surgeries |
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| Allergies |
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| Previous Tests | Date | Facility/MD | Findings |
|---|---|---|---|
| Endoscopy Yes/No | | | |
| Barium Swallow Yes/No | | | |
| Motility/pH study Yes/No | | | |

Food Sticking Yes/No Location _____ Describe feeling_____
Liquids Sticking Yes/No Location _____ Describe feeling_____
Heartburn Yes/No Location _____ Describe feeling_____
Regurgitation of
Stomach contents Yes/No Describe feeling _____
Nausea/vomiting Yes/No Describe feeling _____
Chronic cough Yes/No Describe feeling _____
Chest pain Yes/No Location _____ Describe feeling_____

Symptoms Continuous or Episodic
Do symptoms occur at night Yes/No
What therapies have you tried, and were they successful? _____

_____

Tech Signature _____