



Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Heartburn Medications and Herbals \_\_\_\_\_

All other Medications and OTC medications \_\_\_\_\_

Pregnancy/Nursing Status \_\_\_\_\_

**Describe your heartburn symptoms and location within the body.**

- Burning  Radiating upward  Chest tightness  Acid or bitter taste in mouth  Worsening when bending over  
 Stomach  Esophagus  Chest  Other \_\_\_\_\_

**How often does your heartburn occur? How many times per month? Per week? Per day?**

- Per month \_\_\_\_\_  Per week \_\_\_\_\_  Per day \_\_\_\_\_

**How severe are your symptoms? Please circle one number.**

**Not severe** 1 2 3 4 5 6 7 8 9 10 **Very severe**

- Yes  No

If "yes", have you tracked those foods and beverages that trigger heartburn for you?  Yes  No

What foods trigger heartburn for you? \_\_\_\_\_

**Is there a typical time of day that your symptoms occur?**

- Right after meals  A few hours after meals  
 Mornings  Afternoon  Evenings/bedtime  
 Not Applicable (no typical time)

- Chocolate  Fatty foods  Greasy foods  
 Citrus fruits  Spicy foods  Tomato based foods  
 Spearmint or peppermint-flavored foods  Alcohol  
 Coffee  Tea  Carbonated soft drinks  Fruit juices  
 Tomato juice

**How long do your symptoms last?**

- Minutes  Hours  All day/night

**Do you experience heartburn after drinking alcoholic beverages?**

- Yes  No  Not applicable

**How have your symptoms changed over time?**

- Improved  Worsened  Stayed the same

**Do you experience heartburn after smoking?**

- Yes  No  Not applicable

Is heartburn affecting your daily activities?  Yes  No

**Are you unable to sleep because of your heartburn or do you have to sleep sitting up because of the heartburn symptoms?**

Does heartburn prevent you from doing any activities?

- Yes  No

- Yes  No

Does exercise trigger or make your heartburn symptoms seem worse?  Yes  No

Have you made any lifestyle or dietary changes in attempts to relieve your heartburn?  Yes  No

Do you avoid wearing tight fitting clothes or belts because of your heartburn?  Yes  No

Have these changes been successful?  Yes  No

Do you suffer from heartburn after eating specific foods or drinking certain beverages?

Have you experienced black or bloody bowel movements, chest pain, difficulty in swallowing, weight loss, vomiting, choking,

hoarseness and/or wheezing? (If "yes", refer patient for medical examination.)  Yes  No

Have you been treated by an MD for heartburn, GERD or esophagitis?  Yes  No

Have you ever been given a blood test for your heartburn?  Yes  No

How frequently do you take heartburn medications?  
 Once a month  Once a week  Two or more times per week  Once daily  Multiple times a day

Have the medications relieved your symptoms?  Yes  No

Do you currently take any medications – prescription or OTC for heartburn? If "yes," do you take:

- Antacids/OTC stomach remedies** (i.e. Tums<sup>®</sup>, Roloids<sup>®</sup>, Mylanta<sup>®</sup>, Pepto Bismol<sup>®</sup>, Gaviscon<sup>®</sup>, Maalox<sup>®</sup>)
- Acid reducers** (i.e. H2 antagonists, Pepcid<sup>®</sup>, Pepcid Complete<sup>®</sup>, Tagamet HB 200<sup>®</sup>, Zantac 75<sup>®</sup>)
- Proton pump inhibitors** (i.e. Prilosec<sup>®</sup>, Nexium<sup>®</sup>, Protonix<sup>®</sup>, Prevacid<sup>®</sup>)

Do you take?

- Pain medications** (i.e. ASA, ibuprofen, naproxen sodium, Celebrex<sup>®</sup>, Vioxx<sup>®</sup>, Bextra<sup>®</sup>)
- Heart medications** (i.e. nifedipine, verapamil, Norvasc<sup>®</sup>, Cardizen<sup>®</sup>)
- Anticholinergics** (i.e. Claritin<sup>®</sup>, Allegra<sup>®</sup>, Zyrtec<sup>®</sup>, Benadryl<sup>®</sup>, Detrol<sup>®</sup>, oxybutynin, scopolamine)
- Asthma medications** (i.e. albuterol, Serevent Diskus<sup>®</sup>)
- Osteoporosis medications** (i.e. Fosamax<sup>®</sup>, Actonel<sup>®</sup>)
- Vitamins** (i.e. multivitamin, iron, prenatal vitamin)

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## Heartburn Categories (Healthcare professional: Please take into consideration compensatory behaviors when categorizing patient's heartburn)

**Episodic Heartburn**  
You have occasional episodes of heartburn, less than two days a week, which can be treated with over the counter medications on an as needed basis. You may have changed one or two of your lifestyle habits to decrease the symptoms of heartburn but the potential for heartburn remains. Here are some medications that may be helpful for episodic heartburn.

**Antacids as needed (not an all inclusive list)** Tums<sup>®</sup>, Mylanta<sup>®</sup>, Roloids<sup>®</sup>

**AND/OR**

**Acid reducers up to twice daily (not an all inclusive list)**  
Pepcid<sup>®</sup> 10mg, Pepcid Complete<sup>®</sup> (1 chewable tab), Zantac 75<sup>®</sup>, Tagamet HB 200<sup>®</sup>

If the recommended medications and the lifestyle modifications listed on the patient handout do not stop the symptoms of heartburn or if heartburn becomes more frequent, you should see your healthcare professional.

**Frequent Heartburn**  
You have heartburn symptoms 2 or more days a week, but not on a daily basis. You may have changed some of your lifestyle habits to decrease how many heartburn episodes you

have. You should consider **ONE** of the following medications below and try the lifestyle modifications listed on the patient handout to reduce the episodes of heartburn.

**Standard prescription dose of acid reducers can be used twice daily. If this dose is required to treat your heartburn, consult your Personal Healthcare Professional**

**OR**

**Proton Pump Inhibitor (a different type of acid reducer) once a day for 2 weeks (not an all inclusive list)** Prilosec OTC<sup>®</sup>

If your symptoms do not get better or if your heartburn gets worse in 2 weeks, you should see your health.

**Severe or Persistent Heartburn**  
You should see your physician promptly. You may have a serious ongoing medical condition which needs to be treated with prescription medications or you may need to undergo tests. Some medications which may be prescribed include Prilosec<sup>®</sup>, Nexium<sup>®</sup>, Prevacid<sup>®</sup>, Protonix<sup>®</sup>, and Aciphex.

**Other** \_\_\_\_\_  
\_\_\_\_\_

Recommendation: \_\_\_\_\_

Follow-up: \_\_\_\_\_

Health care professional signature \_\_\_\_\_