

FACILITY:

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# History Form

FORM.POL.002  
Effective Date: May 20, 2009

## VIRTUAL COLONOSCOPY PATIENT HISTORY

### VIRTUAL COLONOSCOPY EXAMINATION PATIENT HISTORY

Date: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

- 1. Did you take the complete Prep-Kit? YES NO Unknown
- 2. Did it work well? YES NO Unknown
- 3. Have you previously had a colonoscopy/endoscope? YES NO Unknown
- 4. Have you previously had a virtual colonoscopy? YES NO Unknown
- If yes to #3 or #4, were you told it was normal? YES NO Unknown
- Where and when was it done last? \_\_\_\_\_
- 5. Have you had a recent rectal examination or sigmoidoscopy examination? YES NO Unknown
- 6. Have you had a colon biopsy in the past two weeks? YES NO Unknown
- 7. Do you have any pain in your abdomen? YES NO Unknown
- 8. Have you had any change in your bowel habits or in the size of your stool? YES NO Unknown
- 9. Have you ever passed blood in your bowel movements? YES NO Unknown
- 10. Do you have diarrhea? YES NO Unknown
- 11. Do you have constipation? YES NO Unknown
- 12. Have you had surgery on your colon? YES NO Unknown
- Was your appendix removed? YES NO Unknown
- 13. Is there a history of colitis, colon polyps, or colon cancer in your mother, father, brother or sister? YES NO Unknown
- If YES explain: \_\_\_\_\_
- 14. Have you had colon diseases such as diverticulosis, tumor, cancer, colitis or polyps? YES NO Unknown