



VIRTUAL COLONOSCOPY SCREENING

Name _____ Age: _____ Sex: _____ Weight: _____

Reason for colon scan: _____

Please list any allergies: _____

Do you have a personal history of cancer? No Yes if yes, what type and date diagnosed: _____

Have you had any previous abdominal or colon surgery? No Yes if yes, explain: _____

Have you ever been diagnosed with any of the following?

Tumors No Yes Polyps No Yes Abnormality of abdomen or pelvis No Yes

If yes, explain: _____

Are you having abdominal or pelvic pain? No Yes

Do you have a family history of bowel disease? No Yes if yes, whom and what condition? _____

Do you have any known colon problems? No Yes if yes, what type? _____

Have you had any of the following?

Colonoscopy No Yes When? _____ Polyp biopsy/removal No Yes When? _____

Barium Enema No Yes When? _____ Other: _____

Do you have a history of hemorrhoids? No Yes Do you have a rectal bleeding? No Yes

Has there been a recent change in you bowel habits or stools? No Yes if yes, for how long: _____

Have you had any unintentional weight loss or gain? No Yes

Have you seen a physician for the above conditions? No Yes if yes, what is your physician's name: _____

What medications are you currently taking? _____

ACKNOWLEDGEMENT: I have answered these questions to the best of my knowledge and understand the information presented to me. I have also informed the technologist that I am not pregnant at this time. I give consent to the performance of a virtual colonoscopy at Premier Diagnostic Center.

Patient/Parent/Legal Guardian Signature

Technologist/Witness Signature

Date

For Clinical Use

Patient education given: None required Verbal Brochure Identify: _____

Discharge instructions given: Yes Verbal Written Form # _____ No None Required

Signature of Technologist