

To be completed by patient with technologist

**VIRTUAL COLONOSCOPY
PATIENT INFORMATION**

NAME: _____ AGE: _____ SEX: ___ M ___ F

DATE OF EXAMINATION:

REASON FOR EXAM:

_____ **Screening** (I have no symptoms pertaining to the colon)

_____ **Diagnostic** (I have one or more symptoms pertaining to the colon)

** If diagnostic, please list symptoms:

PREP. Questions:

1 When was your last bowel movement? _____

2 Was your last bowel movement? **Solid** **Semi solid** **Mix solid/liquid** **Clear liquid**

Please circle Yes or No for each following question:

3 **Yes** **No** Did you have anything to eat in the past 24 hours?

4 **Yes** **No** Did you drink Taggitol (Barium, white liquid)?

5 **Yes** **No** Were you able to follow the Prep instructions?

If no, explain why: _____

HISTORY: (Please circle Yes or No for each question)

1 **Yes** **No** Previous polyp? type _____ location _____

2 **Yes** **No** Previous colon cancer?

3 **Yes** **No** Family history of colon cancer?

4 **Yes** **No** Previous colonoscopy ? Date: _____ Findings: _____

5 **Yes** **No** History of Inflammatory bowel disease, Crohn's disease, or Ulcerative colitis?

6 **Yes** **No** History of bowel resection, or bowel surgery?

Patient's (guardian's) Signature

Technologist / Nurse Signature (witness)