



COLONOGRAPHY SCREENING QUESTIONNAIRE

Please help us make an accurate diagnosis by answering the following questions:

Why did your doctor order this exam? _____

- Yes No Is this a screening exam? (no prior testing/symptoms)
- Yes No Did you have a prior failed/incomplete Colonoscopy? If so, when _____
- Yes No Have you had any recent surgeries or biopsies (including polyp removal)? When: _____
Describe surgery: _____
- Do you have a report of the findings/pathology report? Yes No
- Yes No Did you complete the prep?
When was your last bowel movement? _____
- Yes No Was consistency clear liquid?
- Yes No Was there presence of solid material?
- Yes No Do you have a history of constipation or difficulty in cleansing the colon for other colon tests?

Are you currently having any of these symptoms?

- Yes No Acute abdominal pain
- Yes No Rectal bleeding
- Yes No Fever
- Yes No Known bowel perforation (tear)
- Yes No Diverticulitis
- Yes No Active Crohn's Disease
- Yes No Acute diarrhea (before starting the prep)
- Yes No Do you have a personal history of colon cancer? Yes No Family history of colon cancer?
- Yes No Do you have High Blood Pressure?
- Yes No Do you have a history of Heart Disease?
- Yes No Do you have severe allergies?

Other medical history we should know about? _____

Signature of patient: _____ Date: _____

Name of person filling out this form, if other than the patient (please print): _____

Relationship to patient (please print): _____

Technologist Initials: _____

Affix Pt Sticker Here