Reason for Visit: (age) _____ **Date:**_____

❒ Bleeding ❒ Anal Pain ❒ Itching ❒ Referred for Colonoscopy

❒ Post Op Visit:
❒ Chart Reviewed
❒ Pathology, Lab, X-ray Reviewed
❒ Asymptomatic

Stool / Day: _____ : Hard Soft Medium Loose Varies

Change in Caliber? Y N

Change in Consistency? Y N

Control of B.M.? Y N

BLEEDING: NO YES: Streak / Tsp / Tbsp / Cup Separate / On Stool / In Stool Bright Red / Burgundy

Exam:

BP_____ HR _____ RR _____ WT_____ T:_____ AONAD Y N

Abdomen: Soft Non-Tender No Masses No Hepato/Splenomegaly No Hernias No Bowel Sounds

Rectal: Deferred: Guarded/Painful

Digital: Nontender: Tender _____
Tone: Good Fair Poor
Squeeze: Appropriate Other:

Masses: No PPM Prostate WNL Other:

Inspection
- WNL
- Non Inflam. Int/Ext Hem
- Inflam. Int/Ext Hem
- Fissure: Acute Chronic
- Fistula-in-ano
- Excoriation: 1 2 3 Candida
- Wound healing well: No Infection

Anoscopy: Anoderm: WNL
Hemorrhoids: Gr I: Gr II: Gr III: Gr IV:

Flexible Sigm: Extent: _____ cm.
Q No polypoid, mucosal abnormality
Q No evidence of bleeding or mucous

Comfort: Tol Well: NAD Abd. Soft
Assisted by: J V L R M

Q Other : _____

Impression : _____

Recommendation: _____

Q Educational Material Given / Program Initiated / Re-inforced:
Q Fiber Therapy: Meta Citrucel
Q Fissure: Lido NTG
Q Hem: RBL Cream Supp
Q Hem:Non Op Cream Compress
Q Hem: Surgery Cream Supp
Q Pruritus Ani Lotrisone NTG Tucks
Q Major Bowel Surgery: Educational Consent Process
- CXR
- C.T. Scan , PET, Rectal U/S
- CEA, CBC, SMA12, PT, PTT
- Refer Cardiology Clearance
Q Obtain Old Record
Q Review Labs, X-rays
Q RTC PRN Symptoms Persist:
Q RTC _____ Weeks---Re-eval & Flex Sigmoid
Q Abscess/Fistula Educational Consent Process
Q ACBE: V Colon
Q Pilonidal Cyst Education Consent Process
Q Discussed Surgery: Post op instructions given
Q Stool Cards and Instructions Given:
Q Sigmoid Educational Screening Program
Q Colonospcopy Educational Form Discussed:
All Questions Answered

X _____

SAMPLE