

Age: _____

BOWEL HISTORY

Are you having problems with?

Yes No

Nausea		
Vomiting		
Heartburn		
Abdominal Pain		
Constipation		
Diarrhea		
Blood with Bowel Movement		
Jet Black Stool		
Fever		
Chills		
Unexpected Weight Loss		

FAMILY HISTORY

Has anyone in your family had a colorectal cancer?			
No	Yes, whom?	Mother	Father
		Sister	Brother
		Aunt	Uncle
Age onset: _____		Grandmother	Grandfather

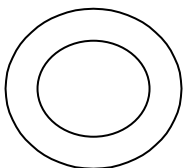
How often do you have bowel movements? _____ (B.M.s/ day).
Hard? Soft? Medium? Loose? Vary?

Have you ever had an exam of the bowel before?

- Sigmoidoscopy Yes No
- Barium Enema Yes No
- Lower GI Yes No
- Colonoscopy Yes No

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NAD: Y N Alert: Y N Oriented x 4: Y N WNWD: Y N



Impression: _____

Recommendation: _____

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