SDMI STEINBERG DIAGNOSTIC

INTAKE QUESTIONNAIRE
BARIUM ENEMA

First Name _____ Last Name _____ DOB/Age _____

Ht. _____ Wt. _____ Allergies _____ PT# (*Internal*) _____

REASON FOR EXAM *(Please include symptoms and time frame):*

TECH NOTES *(for internal use only)*:

B.E. Prep taken ☐ **Yes** ☐ **No**

Recent Sigmoidoscopy/Colonoscopy or Colon biopsy findings:

Additional Tech Notes:

Previous Imaging Studies Related to Todays Exam	Date

Previous Surgeries Related to Todays Exam	Date

Have you ever had any of the following procedures in the past (if yes, please indicate when):

Colostomy/Ilestomy ☐ **Yes** ☐ **No** _____ **Barium Enema** ☐ **Yes** ☐ **No** _____

Colorectal surgery ☐ **Yes** ☐ **No** _____

Are you currently experiencing or have you ever been diagnosed with any of the following:

Crohn's Disease ☐ **Yes** ☐ **No** **If yes, how long?** _____

Colitis/Diverticulitis ☐ **Yes** ☐ **No** **If yes, how long?** _____

Colon Polyps ☐ **Yes** ☐ **No** **If yes, removal date:** _____

Unintentional weight loss ☐ **Yes** ☐ **No** **If yes, how long?** _____

Anemia ☐ **Yes** ☐ **No** **If yes, how long?** _____

Abdominal pain ☐ **Yes** ☐ **No** **If yes, how long?** _____

Constipation ☐ **Yes** ☐ **No** **If yes, how long?** _____

Diarrhea ☐ **Yes** ☐ **No** **If yes, how long?** _____

Change in bowel habits (ex: frequency/color) or Change in stool caliber (ex: narrow/bulky/floating) ☐ **Yes** ☐ **No**

If yes, please specify: _____ **how long?** _____

Blood in Stool ☐ **Yes** ☐ **No** **If yes, how long?** _____

Cancer ☐ **Yes** ☐ **No** **If yes, please explain:** _____

Family history of Cancer ☐ **Yes** ☐ **No** **If yes, please explain:** _____

Other important medical conditions: _____

_____

Current Medications:

I agree that the above information is correct *(Do not fill out until after technologist has reviewed):*

Patient Signature: _____ Todays Date: _____