SDMI STEINBERG DIAGNOSTIC

INTAKE QUESTIONNAIRE ESOPHAGUS/UGI/SMALL BOWEL

First Name _____ Last Name _____ DOB/Age _____

Allergies/Include reaction(s) _____

Height _____ Weight _____ Patient# (Internal use only) _____

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

Previous Imaging Studies Related to Todays Exam	Date

Previous Surgeries Related to Todays Exam	Date

TECH NOTES *(for internal use only)*:

Has the patient eaten ☐ **Yes** ☐ **No**

Previous Endoscopy findings:

Additional tech notes:

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

Esophageal surgery ☐ **Yes** ☐ **No** _____

Stomach surgery ☐ **Yes** ☐ **No** _____

Small bowel surgery ☐ **Yes** ☐ **No** _____

Upper Gastrointestinal exam or Esophagram ☐ **Yes** ☐ **No** _____

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

Food or liquid Aspiration ☐ **Yes** ☐ **No** **If yes, how long?** _____

Difficulty Swallowing ☐ **Yes** ☐ **No** **If yes, how long?** _____

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

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

Blood or Bile in Vomit ☐ **Yes** ☐ **No** **If yes, how long?** _____

Hiatial Hernia ☐ **Yes** ☐ **No** **If yes, when?** _____

Bowel Obstruction ☐ **Yes** ☐ **No** **if yes, when?** _____

Ulcers ☐ **Yes** ☐ **No** **if yes, location:** _____ **When?** _____

Small bowel or Colon Polyps ☐ **Yes** ☐ **No** **if yes, Removal date:** _____

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: _____