SDMI STEINBERG DIAGNOSTIC

INTAKE QUESTIONNAIRE
BARIUM ENEMA

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)*:

B.E. Prep taken ☐ **Yes** ☐ **No**

Recent Sigmoidoscopy/Colonoscopy or Colon biopsy findings:

Additional Tech Notes:

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: _____