

## Colonic Intake Form- Patient Information

Name \_\_\_\_\_

First

Middle

Last

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_M\_\_F E-Mail \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone# \_\_\_\_\_

### **Reason For Visit**

Please state your present concerns in order of their significance \_\_\_\_\_

### **Medications**

List medications you are currently taking \_\_\_\_\_

### **Allergies**

List any allergies you may have to \_\_\_\_\_

What happens when you have an allergic reaction? \_\_\_\_\_

Have you ever been tested for food allergies? \_\_Y\_\_N Method? \_\_\_\_\_

### **Elimination Assessment**

How often do you have bowel movements? \_\_\_\_\_ . Do you use a stool softener, laxative, or herbal laxative? \_\_\_\_Y\_\_\_\_N if so, what brand? \_\_\_\_\_

**Stools are:** \_\_Soft, well formed \_\_ Large, hard \_\_ Large (2"x6"L) \_\_ Difficult to pass \_\_ Medium (1"x4")

\_\_ Diarrhea \_\_ Loose, not watery \_\_ Often float \_\_ Thin, long, narrow \_\_ Sink \_\_ Alt between constipation and diarrhea

**Stool Odor:** \_\_ Offensive usually \_\_ Occasionally \_\_ Little odor **Daily Gas and/or Bloating** \_\_Y\_\_N

**Stool Color:** \_\_ Brown \_\_ Yellow/Brown \_\_ Dark or Black \_\_ Greasy \_\_ Shiny \_\_ Mucous \_\_ Blood

\_\_ Greenish \_\_ Varies

Have you ever had internal bleeding? \_\_Y\_\_N When? \_\_\_\_\_

Have you ever had rectal bleeding? \_\_Y\_\_N When? \_\_\_\_\_

Have you ever had a barium enema? \_\_Y\_\_N When? \_\_\_\_\_

**Have you ever been diagnosed with cancer?** \_\_Y\_\_N

**If yes, have you had Chemotherapy or Radiation?** Present \_\_\_\_ Past \_\_\_\_ When? \_\_\_\_\_