Original Date:	January 14, 2008
Dates Revised:	

COLONOSCOPY QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential and will become part of your medical record.

Name *(Last, First, M.I.)*:		☐ M ☐ F	**DOB:**
MR #	**Reason for today's exam:**		
Referring doctor:	Did you FAIL A COLONOSCOPY TODAY : ☐ Yes ☐ No	**Date of last colonoscopy exam:**	

PERSONAL HEALTH HISTORY

Have you had a Colonoscopy?	☐ Yes ☐ No ☐ Date :	☐ Failed Colonoscopy ☐ Yes ☐ No ☐ Date :
Do you have any history of:	☐ Polyps	☐ Crohnes
	☐ Polyp removal	☐ Diverticulitis
	☐ Colon Cancer	☐ Diverticulosis

List any medical problems that other doctors have diagnosed related to your visit today.

Surgeries

Year	Reason	Hospital

Family history of colon cancer or polyps

Year	Reason	Hospital

Follow up appointment scheduled: ☐ Yes ☐ No ☐ **Date:** ____________