SANTA BARBARA
GASTROENTEROLOGY CONSULTANTS
MEDICAL GROUP

Flexible Fiberoptic Sigmoidoscopy Questionnaire

Name: _____ Age: _____ Date: _____

Have You Had A Prior Sigmoidoscopy: ❑ Yes ❑ No When: _____

Referred By: _____ Completed Prep Per Instructions: ❑ Yes ❑ No

Reason For
Examination: _____

_____

Please Answer The Following Questions:

Do You Have A History Of:	Yes	No
Artificial heart valve or heart murmur	❑	❑
Routine antibiotic use before dental work	❑	❑
Why? _____		
Bleeding or excessively easy bruising	❑	❑
Use of aspirin or related medications	❑	❑
Personal history of colon polyps or cancer	❑	❑
Family history of colon polyps or cancer	❑	❑
Diverticulosis, diverticulitis, or colitis	❑	❑
Blood with bowel movements or on toilet paper	❑	❑
Recurrent or persistent diarrhea	❑	❑
Chronic severe constipation	❑	❑
Antibiotic use within the last two months	❑	❑
Previous colon surgery	❑	❑
Recurrent pain in rectal area	❑	❑

Please briefly explain **Yes** answers: