

Office Consultation/Visit:



RE: _____ Date: _____

Dear Dr: _____ Birthdate: _____

Thank you for referring your patient. The following is a summary of essential complaints, physical findings, with my impression and plan.

History:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Blood with Stools | <input type="checkbox"/> Anal Pain | <input type="checkbox"/> Abdominal Pain |
| <input type="checkbox"/> Polyp on Sigmoidoscopy | <input type="checkbox"/> Constipation | <input type="checkbox"/> Asymptomatic: Referred for Colon Cancer Screening |
| <input type="checkbox"/> History of Polyps | <input type="checkbox"/> Diarrhea | |
| <input type="checkbox"/> Family History of Colon Cancer: | Other: _____ | |
| Relation: _____ | _____ | |
| Age Onset: _____ | _____ | |

Exam and Impression:

- | | |
|---|---|
| <input type="checkbox"/> Abdominal Exam
(No masses, nontender, no hernia, nodes) | <input type="checkbox"/> Normal Sigmoidoscopy: No polypoid or mucosal abnormality |
| <input type="checkbox"/> Hemorrhoid Disease | <input type="checkbox"/> Male Rectal Exam: Prostate _____ |
| <input type="checkbox"/> Fissure Disease | <input type="checkbox"/> Female Rectal Exam: No posterior pelvic masses |
| | <input type="checkbox"/> Abnormal Sigmoidoscopy: _____ |

Other: _____

Recommendation:

- | | |
|--|--|
| <input type="checkbox"/> Fiber Therapy Program taught | <input type="checkbox"/> Colonoscopy scheduled. |
| <input type="checkbox"/> Fissure Educational Program taught: Non-Surgical Approach | <input type="checkbox"/> Discussed Surgical Procedure |
| <input type="checkbox"/> Hemorrhoids Educational Program taught: Non-Surgical Approach | <input type="checkbox"/> Diverticular Counseling Program |
| | <input type="checkbox"/> RTC PRN symptoms |

Other: _____

Signed: _____