

# 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<br>(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: \_\_\_\_\_