



Prof. Dr. med. R. Ehehalt

Endoskopie ▪ Innere Medizin ▪ Gastroenterologie

## COLONOSCOPY QUESTIONNAIRE

Dear patient,

to help us prepare your treatment as effectively as possible, we kindly ask you to answer the following questions (as good as you can). Thank you very much!

\_\_\_\_\_  
surname, first name

\_\_\_\_\_  
date of birth

\_\_\_\_\_  
phone number

\_\_\_\_\_  
mobile phone

\_\_\_\_\_  
family doctor (name, address)

\_\_\_\_\_  
health insurance company

**Are you coming in for a preventive check-up?**

yes  no

**Are there any known diseases of the stomach or colon or do you take any gastrointestinal medication?**

no

yes, which ones? \_\_\_\_\_

**What kind of gastrointestinal issues are you experiencing?**

- abdominal pain
- obstipation
- bloating
- diarrhea
- feeling of incomplete defecation
- blood in stool

**Are your symptoms related to stress or diet?**

yes  no

**Further gastrointestinal issues?**

\_\_\_\_\_

**Would you like to undergo treatment with self-absorbing carbon dioxide (costs €20, see flyer)?**

yes  no

**Privacy Policy:**

- I agree that my personal data may be shared with my general practitioner and/or other doctors for the purpose of assessing my health situation. The involved persons are bound by the confidentiality of the Federal Data Protection Act (§5).

\_\_\_\_\_  
weight (kg)

\_\_\_\_\_  
height (cm)

**Are there any known family history of cancer?**

no

yes, which nes? \_\_\_\_\_

**Do you have any allergies to soy (which is important for Propofol anesthesia) or other medications?**

no

yes, which ones? \_\_\_\_\_

**Do you take blood-thinning medication (Markumar, Aspirin, ASS, Iscover, Plavix, Xeloda...)**

no

yes, which ones? \_\_\_\_\_

**Do you have contagious diseases (hepatitis C, HIV)?**

no

yes, which ones? \_\_\_\_\_

**Do you have any other medical conditions?**

- high blood pressure
- heart disease/ pacemaker
- Diabetes mellitus
- Asthma or lung disease
- others \_\_\_\_\_

**Are you pregnant?**

yes  no \_\_\_\_\_

Date \_\_\_\_\_ Signature Patient \_\_\_\_\_

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