

INSURANCE _____

COLON SCREENING QUESTIONNAIRE

NAME: _____

Date of Birth: _____

PROVIDER: **DR. MANZOOR A KAZI**

Today's Date: _____

Please answer the following questions regarding your screening history. If you are unsure of the exam in question please skip to the next test.

1. When did the you last have the following tests done?

- A. Barium Enema? _____
- B. Sigmoidoscopy? _____
- C. Colonoscopy? _____

If you had any of the above testing done, what were the results and where was the exam performed?

2. Do you have a history of any of the following? If so, please explain in the area provided.

- A. Colon Disease? _____
- B. Colon Surgery? _____
- C. Or Colonic Symptoms? _____

3. Is there a history of colon polyps or cancer in your family?

Yes _____

No _____

If so, who? _____

Patient Name Printed: _____ Date of Birth: _____

Patient Signature: _____ Today's Date: _____