

# Center of Coloproctology Essen

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Consultant surgeons; visceral surgeons; Coloproctologists (EBSQ)



**Dear patient,**

We kindly ask you to fill out that form, as far as possible. Thank you!

**1. Do you have complaints of your anus/rectum?**

- acute                       within days  
 within weeks     within years

**2. Do you have pain?**

- during defecation  
 persistend  
 feeling of pressure

**3. Have you seen traces of blood?**

- on the lavatory paper  
 on the stool  
 underwear  
 bright blood     dark blood

**4. burning in the anal region:**

- burning                       yes     no  
moisten/wet                 yes     no  
itching                       yes     no

**5. Do you feel nodules at the anus?**

- always  
 occurent during defecation

**6. Who often do you have stool?**

\_\_\_ per day    \_\_\_per week

The stool is:

- hard                       soft  
 pasty                       dilute/watery  
 changing

**7. Is the defecation difficult for you?**

- yes                       no

**8. Do you use laxatives?**

- yes                       no

**Which?**

**How long since?**

**9. Do you have abdominal pain?**

- yes                       no

**10. Do you have food reactions?**

- lactose                       fructose  
 other:

**11. Do you have uncontrolled defecation?**

- no                       gas  
 mucus                       liquid stool  
 hard stool

**12. Do you have relatives with colon cancer?**

- yes                       no

**13. Do you have a drug allergy ?**

- yes                       no

**which?** \_\_\_\_\_

**14. Do you use creams or suppositories cause of proctologic complaints?**

- yes                       no

**which?** \_\_\_\_\_

**15. Do you suffer from other diseases?**

**(heart/lung/kidney/liver etc)**

- yes                       no

**which?** \_\_\_\_\_ (use flipside if necessary)

**16. Do you have an infectious disease?**

- no     yes, which: \_\_\_\_\_

**17. Are you pregnant? Are you breastfeeding?**

- yes                       no

**18. Have you been examined?**

- by finger                       no  
 rectoscopy                       colonoscopy  
 x-ray

**19. Have you been treatet by a proctologist?**

- no                       cream/suppositories  
 sclerotherapy                       barron ligation  
 operation                       others

**20. Do you take anticoagulant medication?**

**(warfarin, aspirin, others)**

- yes                       no

**21. How have you recognized us:**

- general practitioner                       specialist  
 friends/family  internet                       others

To analyse proctologic and colorectal diseases, we have to examine your anal region and the rectum or your abdomen carefully. In addition we usually have to do a proctocopy or rectoscopy. These medical examinations may cause some discomfort, but usually are not painfull.

**For treatment of internal haemorrhoids we often use a sclerotherapy. That means that we inject an alcoholic solution above the haemorrhoids in the rectal mucosa.**

**In rare cases there can occur a swelling, bleeding or pain for a few days. Most of these complains disappear spontaneously. Other complications like infections are extremely rarely.**

We would like to send the examination report to your general practitioner or other doctors.

Due to legal requirements we need your countersign for that.

I have filled out that form to the best of my knowledge. I have read the information to the medical examination and agree to have a rectoscopy/sclerotherapy. I approve to send a report to my general practitioner or other specialist.

date

signature