DC Klinieken

Intake form gastro-duodenum scopy

Patient sticker

How long have you had these complaints? .....

DO YOU HAVE		COMMENT
Weight gain? If yes, how much?	☐ yes ☐ no	
Weight loss? If yes, how much?	☐ yes ☐ no	
Fever?	☐ yes ☐ no	
Difficulty swallowing? The feeling that food won't settle?	☐ yes ☐ no	
Chest pain?	☐ yes ☐ no	
Gastric acid?	☐ yes ☐ no	
Belching/burping?	☐ yes ☐ no	
Nausea?	☐ yes ☐ no	
Bleeding blood?	☐ yes ☐ no	
Stomach ache?	☐ yes ☐ no	
Bloated stomach?	☐ yes ☐ no	
Heliobacter pylori? If yes, was it treated?	☐ yes ☐ no	
Heart complaints?	☐ yes ☐ no	
Do you visit a cardiologist?	☐ yes ☐ no	
Pacemaker/ICD?	☐ yes ☐ no	
Lung complaints?	☐ yes ☐ no	
Shortness of breath when exercising?	☐ yes ☐ no	
Diabetes mellitus?	☐ yes ☐ no	
A muscle disorder?	☐ yes ☐ no	
Epilepsy?	☐ yes ☐ no	
Do you use blood thinners?	☐ yes ☐ no	
For women: are you pregnant?	☐ yes ☐ no	
Are there family members who have intestinal diseases such as bowel infections, colon polyps colorectal cancer, stomach or duodenal ulcers or stomach cancer?	☐ yes ☐ no	

USE OF MEDICATION	DOSAGE	USAGE

DELIRIUM> 70 YEAR *(ONLY WHEN USED ANESTHESIA)*		COMMENT
Do you have memory problems?	☐ yes ☐ no	
Have you needed help with self-care more than once in the recent past?	☐ yes ☐ no	
During prior admissions or illness, were there periods when you were confused?	☐ yes ☐ no	

DC Klinieken

BRMO-MRSA

Are you BRMO or MRSA positive, or do you have family members who were BRMO/MRSA positive? ☐ yes ☐ no

Were you recently (=<2 months ago) admitted to a foreign hospital? ☐ yes ☐ no

- If yes: Was this for longer than 24 hours? ☐ yes ☐ no
- If your stay was shorter than 24 hours, did you undergo surgery or receive a drain or in-dwelling catheter? ☐ yes ☐ no
- Do you still have skin lesions or abscesses related to the treatment in the foreign hospital? ☐ yes ☐ no

Do you work with live pigs, pork meat or broiler chickens? ☐ yes ☐ no

Were you in a care facility that had an outbreak of BRMO/MRSA within the past 2 months? ☐ yes ☐ no

RELEVANT PRIOR HISTORY/SURGERY

EERDERE SCOPIEËN	JAAR	RESULT

Allergies: ☐ yes ☐ no

Intoxications:

smoking: ☐ yes ☐ no alcohol: ☐ yes ☐ no drugs: ☐ yes ☐ no

PHYSICAL EXAMINATION *(ONLY WHEN USED ANESTHESIA)*

Blood pressure: Pulse: Weight:

Height: BMI: ASA:

RELEVANT COMPAINTS/PARTICULARS

Informed consent:

- ☐ Discussed on
- ☐ Date of intake
- ☐ Date of endoscopy
- ☐ Indication/alternatives
- ☐ Procedure/explanation
- ☐ Complications
- ☐ Does patient understand the information?
- ☐ Patient given brochures
- ☐ Consent given
- ☐ TOP done
- ☐ Sedative ☐ No sedative
- ☐ If sedative given, transport arranged

Gastroenterologist/physician's signature: Patient's signature: Nurse's signature: