South Infirmary / Victoria University Hospital ENDOSCOPY RECORD

Name:
Add:
Age:
Consultant:
Hosp. No.:
O.P/I.P

Date:

Time:.....

Pre-Med:....

ENDOSCOPY REQUEST

Reason for requiring Endoscopy:

If biopsy required state site:....

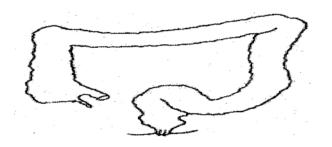
Previous Endoscopy: If Yes, give date:....

GASTROSCOPY REPORT

Satisfactory Inspection Oesophagus Hiatus Fundus Gastric Body Antrum Pylorus Part Duodenum	Yes	BIOPSY	Findings
Part Duodenum Part Dodenum			

COLONOSCOPY REPORT

Findings



POST-ENDOSCOPIC INSTRUCTIONS

RID:

Name of procedure (s) (include a brief explanation if the medical term is not clear)

Intended benefits & serious or frequently occurring risks

Name of Patient Information Leaflets given:

I have been given the opportunity to ask questions regarding the procedure described above.

I have been told what the procedure is likely to involve	e, the alternatives to this procedure and	the benefits
and risks.		

No assurance has been given that the operation will be performed by a particular practitioner other than the practitioner will have appropriate experience.

I understand that the SIVUH is a teaching hospital and that teaching, research and audit are part of the hospitals' role. I consent to observation of this procedure.

I understand tissue sample(s) may be taken for diagnostic and therapeutic purposes.

I consent to receive blood or blood components I may need.

I understand if there are limitations to this consent I should outline them here_____

Date:

Name (print in capitals):

Confirmation of consent to be completed by a health professional when the patient is admitted

I have confirmed with the patient and/or guardian that s/he understands what the procedure involves including the benefits and any risks and wishes the procedure to go ahead.

Signed	Date
Name (print in capitals)	IMC No.

Statement of Interpreter (where appropriate) I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Name: