**VIRTUAL COLONOSCOPY EXAMINATION PATIENT HISTORY**

Date: ________________    Height:______________    Weight: ________________  
Name: __________________________________________    Age: ________________

1. Did you take the complete Prep-Kit? YES NO Unknown  
2. Did it work well? YES NO Unknown  
3. Have you previously had a colonoscopy/endoscope? YES NO Unknown  
4. Have you previously had a virtual colonoscopy? YES NO Unknown  
   If yes to #3 or #4, were you told it was normal? YES NO Unknown  
   Where and when was it done last? _______________________________________

5. Have you had a recent rectal examination or sigmoidoscopy examination? YES NO Unknown  
6. Have you had a colon biopsy in the past two weeks? YES NO Unknown  
7. Do you have any pain in your abdomen? YES NO Unknown  
8. Have you had any change in your bowel habits or in the size of your stool? YES NO Unknown  
9. Have you ever passed blood in your bowel movements? YES NO Unknown  
10. Do you have diarrhea? YES NO Unknown  
11. Do you have constipation? YES NO Unknown  
12. Have you had surgery on your colon? YES NO Unknown  
   Was your appendix removed? YES NO Unknown  
13. Is there a history of colitis, colon polyps, or colon cancer in your mother, father, brother or sister? YES NO Unknown  
   If YES explain: _______________________________________________________  
14. Have you had colon diseases such as diverticulosis, tumor, cancer, colitis or polyps? YES NO Unknown