

CAPSULE ENDOSCOPY PATIENT INFORMATION

Patient ID (GSSC)		Date	/	/
Patient Name		Date of birth	/	/
Address		Suburb		
State	Postcode	Phone		
Have you ever undergone a capsule endoscopy? NO YES				
What medications are you currently taking?				
Do you have any allergies? NO YES If yes, please provide details				
What medications have you taken in the last month?				
Have you taken NSAID regularly (one month or more)? NO YES If yes, which one/s and for how long?				
Have you ever had episodes of total or partial digestive tract obstruction? NO YES				
Have you ever had surgical interventions on your digestive tract? NO YES If yes, what type of surgery?				
Have you suffered from <ul style="list-style-type: none"> • diabetes mellitus NO YES • swallowing disorder or problems NO YES • any chronic GI diseases (e.g. Crohns' Disease) NO YES 				
Do you have any implanted medical devices (e.g. Pacemaker)? NO YES If yes, please provide details				
Have you taken - 2 x Pico-Salax sachets the night before your procedure, as instructed? NO YES - 1 x Pico-Salax sachets on the day of your procedure, as instructed? NO YES				
Time of commencement		Time of completion		
Signature of Nurse		Signature of Doctor		