



Bupa Colon Health

Please complete this questionnaire and bring it with you

If you have purchased this product in addition to one of the core health assessments you do not need to complete the personal information section. Please only complete the additional questions specific to this health check.



Your health check questionnaire

ID number

The Bupa Colon Health check has been designed to examine the large bowel to check for problems which may require further attention. **You should complete the blue sections** of this confidential questionnaire as fully as possible and bring it with you to your health check.

- Please leave grey areas of the questionnaire for the doctor or health adviser to add their comments.

Don't worry if there are any questions you can't answer - these can be discussed during your assessment.

Please use BLOCK CAPITALS.

Your details

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other (please indicate) <input type="text"/>
First name	<input type="text"/>			Surname	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Age	<input type="text"/>	Previous name	<input type="text"/>
Home address	<input type="text"/>				
	<input type="text"/>	Postcode	<input type="text"/>		
Home telephone number	<input type="text"/>	Work telephone number	<input type="text"/>		
Mobile telephone number	<input type="text"/>	Email	<input type="text"/>		
Are you covered by private medical insurance?	Bupa <input type="checkbox"/>	Membership number	<input type="text"/>	Other <input type="checkbox"/>	No <input type="checkbox"/>
Date questionnaire completed	<input type="text"/> / <input type="text"/> / <input type="text"/>				

If your company is paying for this health check they will be aware of your attendance, please tick to confirm that you are aware of this.

(please tick):

Keeping your GP informed

It is good practice for your GP to be kept informed of all aspects relating to your health. Please complete the information below if you are happy for us to send your results to your GP and advise him or her of any abnormalities or significant results that may require follow-up investigation or treatment.

GP name	<input type="text"/>				
GP address	<input type="text"/>			Postcode	<input type="text"/>
GP telephone number	<input type="text"/>				

Monitoring further action

Bupa monitors what happens to customers after certain tests and certain abnormal results. This allows us to check on the quality of these tests and ensure that any necessary action has taken place. Please indicate whether or not you are happy for us to contact the following:

You	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Your GP	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Your specialist	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please sign	<input type="text"/>			Date	<input type="text"/> / <input type="text"/> / <input type="text"/>			

This visit date	<input type="text"/>	Name of doctor	<input type="text"/>	
First visit	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name of health adviser	<input type="text"/>
If no, date of last visit	<input type="text"/>			

Information sheets

It is important to have read the information sheet to understand the tests we will carry out on you.

I confirm that I have received and read the Colon Health information sheet (please tick):

Please sign

Date

Please tell us your reason for attending

Your medical history

Please list any medicines you are taking, either prescribed or bought over the counter

Please give details of any hospital admissions in the past three years

Please give details of any tests or investigations you have had in the past three years

Family history

Has any parent, grandparent, brother, sister, aunt or uncle suffered or died from Bowel cancer?

Yes

No

If yes, please give details and ages as appropriate?

Clinical findings

Your symptoms

Do you have any problems in any of the following areas that you would like to discuss with your Bupa doctor?

Do you have abdominal pain? Yes No

If YES please describe the pain below

Whereabouts in your abdomen do you get it?

Does anything bring it on?

Does anything make it better?

Do you have any difficulty swallowing? Yes No

Is your appetite normal? Yes No

Is your weight steady? Yes No

Do you suffer from diarrhoea and/or constipation? Yes No

If YES please clarify

Has there been any change in your bowel habit recently? Yes No

Have you had any rectal bleeding - bleeding from the back passage? Yes No

Have you had any abdominal bloating? Yes No

Your lifestyle

Smoking

Do you smoke? Never Given up Yes

Alcohol

How often do you drink alcohol?

Never Once or twice a month

Once or twice a week Most days

Your diet

How many portions of vegetables or salad (excluding potatoes) do you eat each day?

If less than daily please specify

How many portions of fruit including dried fruit and fruit juice do you eat each day?

If less than daily please specify

How often do you eat red meat, including beef, lamb and pork?

Please specify eg daily, weekly etc

How often do you eat processed meat including ham, bacon, salami, sausages etc?

Please specify

Thank you for completing this questionnaire.
The remaining pages are for your Bupa doctor to complete.

Clinical findings

Consent

Physical examinations

If you will be undertaking a full examination please ensure you have the customer's agreement to this.

Physical examination has been discussed with the customer and permission obtained Yes No

Chaperone

A chaperone has been offered during the physical examination Yes No

A chaperone has been requested during this examination Yes No

by Doctor Customer

If yes, then record the name of the chaperone in the box below

Clinical findings

Additional tests:

Significant test results/trends:

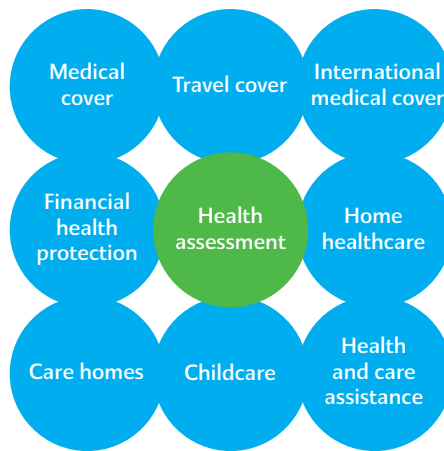
Action plan:

(including advice literature given)

Comments for GP:

Doctor's signature _____

Date _____



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