

Anoscopy Test Documentation

Patient Information

Name:

Date of Birth:

Medical Record Number:

Date of Test:

Referring Physician:

Procedure Performed by:

Clinical History

Reason for Anoscopy:

Presenting Symptoms:

Relevant Medical History:

Procedure Details

Procedure Description:

Local Anesthetic:

- Administered
- Not Administered

Procedural Findings:

- Normal
- Hemorrhoids (Specify Type: Internal/External)
- Anal Fissures
- Polyps (Specify Location and Characteristics)
- Lesions (Specify Type)
- Other (Specify): _____

Tissue Sampling/Biopsy

- Biopsy Performed
- Tissue Samples Taken: _____
- No Biopsy/Sampling

Post-Procedure Care

Recommendations:

Prescribed Medications:

Follow-up Plan:

Patient Education:

Patient Consent

Informed Consent Obtained

Provider's Signature:

Date:

Patient's Signature (if applicable):

Date: