

# 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:**