Barium Swallow Test Form

Patient Information

Name: John Doe

Date of Birth: 01/15/1975

Medical Record Number (if applicable): MRN12345

Address: 123 Main Street, Anytown, USA

Phone Number: (555) 555-5555

Referring Physician

Name: Dr. Sarah Smith

Contact Information: (555) 123-4567

Clinical History

- [x] Gastroesophageal Reflux Disease (GERD)
- [ ] Dysphagia (Difficulty swallowing)
- [ ] Hiatal Hernia
- [ ] Esophageal Abnormalities
- [ ] Other (Specify): _____

Allergies:

- [x] None
- [ ] Barium
- [ ] Other (Specify): _____

Current Medications

List any medications the patient is currently taking

Proton pump inhibitor (PPI) - 40mg daily

Patient Consent

I, the undersigned, consent to undergo a Barium Swallow Test under the provider's supervision. I understand the procedure's purpose, potential risks, and benefits. I have had the opportunity to ask questions and have received satisfactory answers.

Signature of Patient: John Doe **Date:** 10/10/2023

Procedure Details

Date of Test: 10/15/2023

Time of Test: 9:00 AM

Location (Clinic/Hospital): Anytown Medical Center

Procedure Description

The Barium Swallow Test involves ingesting a liquid solution containing barium sulfate to visualize the upper gastrointestinal (GI) tract. X-ray imaging will capture images of the GI tract during the procedure.

Medical Professional's Notes and Observations

- [x] The procedure was completed as planned
- [ ] Any complications or adverse reactions (if applicable)

Results and Interpretation

Barium Swallow Test results indicate signs of gastroesophageal reflux disease (GERD) with evidence of esophageal irritation and reflux. Further evaluation and treatment recommended.