

**South Infirmary / Victoria University Hospital  
ENDOSCOPY RECORD**

Name: .....
Add: .....
Age: .....
Consultant: .....
Hosp. No.: .....
O.P/I.P.....

Date: .....

Time:.....

Pre-Med:.....

**ENDOSCOPY REQUEST**

Reason for requiring Endoscopy: .....

If biopsy required state site:.....

Previous Endoscopy: ..... If Yes, give date:.....

**GASTROSCOPY REPORT**

Satisfactory Inspection

Oesophagus

Hiatus

Fundus

Gastric Body

Antrum

Pylorus

Part Duodenum

Part Dodenum

Yes	BIOPSY

**Findings**

**COLONOSCOPY REPORT**

**Findings**



**POST-ENDOSCOPIC INSTRUCTIONS**

**Patient Name:**

**RID:**

**Name of procedure (s)** *(include a brief explanation if the medical term is not clear)*

**Intended benefits & serious or frequently occurring risks**

**Name of Patient Information Leaflets given:**

**Statement of patient**

I have been given the opportunity to ask questions regarding the procedure described above.

I have been told what the procedure is likely to involve, the alternatives to this procedure and the benefits and risks.

No assurance has been given that the operation will be performed by a particular practitioner other than the practitioner will have appropriate experience.

I understand that the SIVUH is a teaching hospital and that teaching, research and audit are part of the hospitals' role. I consent to observation of this procedure.

I understand tissue sample(s) may be taken for diagnostic and therapeutic purposes.

I consent to receive blood or blood components I may need.

I understand if there are limitations to this consent I should outline them here\_\_\_\_\_

**Patient signature:**

**Date:**

**Name (print in capitals):**

**Confirmation of consent** to be completed by a health professional when the patient is admitted

I have confirmed with the patient and/or guardian that s/he understands what the procedure involves including the benefits and any risks and wishes the procedure to go ahead.

**Signed**

**Date**

**Name (print in capitals)**

**IMC No.**

**Statement of Interpreter (where appropriate)** I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

**Name:**

**Date:**