

## **Colonoscopy report**

This report needs to be completed by the Colonoscopist and provided to the patient, the referring GP and any other relevant clinician

1 Patient details	
Patient name	
MRN	
Date of birth / /	Age
Gender Male Female Non-binary	
2 Organisation details	
Name of the organisation	
Colonoscopist's name	
Colonoscopist's phone number	
Procedure	
Procedure date and time / /	
3 Referring general practitioner	
Doctor's name	Doctor's phone number
4 Provisional diagnosis and indication	

5 Sedation			
ASA classification			
Anaesthetic class			
Class 1	Class 2	Class 3	Class 4
Sedation used			
No Sedation	Conscious Sedation	Deep Sedation	General Anaesthesia

Sedationist's name



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6 Result							
Bowel preparation	Excellent	Good	Fair	Inadequate			
Insert Boston Bowel Preparation Score or tick a box							
Depth of insertion							
Terminal ileum	Hepatic flexure		Descending colon				
Caecum	Transverse colon		Sigmoid colon				
Ascending colon	Splenic flexure		Rectum				
Visualisation							
lleocaecal valve	Tripartite caeca	l folds	Appen	diceal orifice	Terminal ileum	Anastomosis	
Documentation							
Biopsy Photo	None						
Withdrawal time	minutes						

7 Findings and interventions

#### 8 Adverse events

Was there an adverse event during the procedure or prior to discharge? Yes No



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9 Diagnosis

### 10 Follow up recommendations

NBCSP in 4 years

Lynch Syndrome - repeat colonoscopy in 2 years

Specialist

Follow up report will be sent once pathology results are confirmed. Pathology will determine timing of next colonoscopy.

Follow up with: GP

Additional investigation(s)

Name of investigation(s)

Medication management: