

PROSTATE PATIENTS

NAME _____

DATE _____

1. HAVE YOU EVER HAD RECTAL BLEEDING?
 - A. DO YOU HAVE HEMORRHOIDS?
2. DATE OF YOUR LAST COLONOSCOPY?

3. WHERE WAS THE PROCEDURE PERFORMED?

4. WHO WAS THE GASTROENTEROLOGIST THAT PERFORMED THE PROCEDURE?

5. ANY PERTINENT FINDINGS?
