

BLANK REPORT TEMPLATE

Complete the applicable fields for the examination performed.

Flexible Sigmoidoscopy

Date: _____

Patient _____

Identifier _____

Procedure

Indication: _____

Consent and safety checks: _____

Preparation and visibility: _____

Sedation / analgesia: _____

Extent and landmarks: _____

Limitations / reason for stopping: _____

Findings

Perianal inspection and digital examination: _____

Rectum: _____

Sigmoid colon: _____

Additional bowel examined: _____

Lesions: site, distance, size and morphology: _____

Sampling and interventions

Biopsy taken: _____

Sampling sites, number and specimen labels: _____

Intervention and retrieval details: _____

Immediate adverse events: _____

Conclusion

Impression: _____

Plan and communication: _____

Clinician: _____

Signature: _____