

# Registration

## Patient information:

Family name: \_\_\_\_\_  
 First name: \_\_\_\_\_  
 Street | No.: \_\_\_\_\_

Post code | Town: \_\_\_\_\_  
 Tel.: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_

## Requested examination:

- Abdominal sonography
- Lower endosonography
- Flexible sigmoidoscopy
- Gastroscopy
- Gastroenterostomy clarification at own discretion
- H2 breath test:
  - Lactose    Fructose    Sorbitol
- Consultation
- Colonoscopy: intestinal lavage medication
  - already given    to be given by MagenDarm Basel
- Liver biopsy
- Sigmoidoscopy
- Rigid rectoscopy/haemorrhoid treatment
- Other: \_\_\_\_\_

## Previous findings:

(anamnesis, clinic, laboratory, quick, thrombo, X-ray, sono, CT, MRI)

## Previous therapies | Notifications | Documents:

- |                                     |                                   |   |
|-------------------------------------|-----------------------------------|---|
| <b>Urgency:</b>                     | <b>Report requested:</b>          | <b>Appointment:</b>                           |
| <input type="checkbox"/> Emergency  | <input type="checkbox"/> By email | <input type="checkbox"/> Please offer         |
| <input type="checkbox"/> Urgent     | <input type="checkbox"/> Written  | <input type="checkbox"/> Scheduled for: _____ |
| <input type="checkbox"/> Not urgent |                                   |   |

- For Propofol**
- No (exception)
  - in medical-center
  - in medical-center with anesthesia (risk factors: ASA 3, BMI > 30, sleep apnea, hemiparesis, epilepsy, heart failure > NYHA2)
  - Important details: Weight (kg) \_\_\_\_\_  
 Height (cm) \_\_\_\_\_

Stamp and signature  
 of the referring physician