

Rectum and Anus Examination

Name:

SSN:

Date of Exam:

C-number:

Place of Exam:

A. Review of Medical Records:

B. Medical History (Subjective Complaints):

Comment on:

1. Current symptoms - anal itching, diarrhea, pain, tenesmus, swelling, perianal discharge, etc.
2. For fecal incontinence - extent and frequency of fecal leakage or involuntary bowel movements- is a pad needed?
3. For hemorrhoids - bleeding or thrombosis, frequency and extent.
4. Current treatment - type, duration, response, side effects. .
5. History of hospitalizations or surgery - reason or type of surgery, location and dates, if known.
6. History of trauma to the rectum or anus.
7. History of obstetrical injury - describe.
8. History of spinal cord injury affecting rectum and anus - describe.
9. For rectal prolapse - frequency, extent of fecal leakage.
10. History of rectal bleeding.
11. History of anal infections.
12. History of proctitis.
13. History of fistula in ano.
14. History of neoplasm.
 - a. Date of diagnosis, diagnosis.
 - b. Benign or malignant.
 - c. Treatment, dates and response.
 - d. Last date of treatment.
15. Effects of condition on occupational functioning and daily activities.

C. Physical Examination (Objective Findings):

Address each of the following and fully describe current findings:

1. Colostomy.

2. Evidence of fecal leakage.
3. Size of lumen - rectum and anus.
4. Signs of anemia.
5. Fissures.
6. If hemorrhoids - location, size, reducible, presence of redundant tissue and if thrombosed.
7. Evidence of bleeding.
8. Rectal prolapse - extent.
9. Sphincter tone.

D. Diagnostic and Clinical Tests:

1. Include results of all diagnostic and clinical tests conducted in the examination report.
2. If a history of bleeding (past 12 months), signs of anemia or chronic infection, obtain CBC.

E. Diagnosis:

Signature:

Date:

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