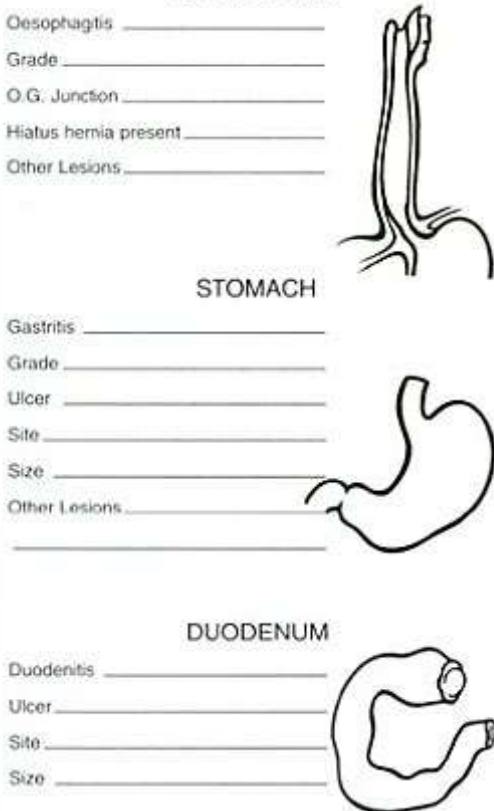



Date: _____ Name: _____ Age: _____ Ref No. _____
 Indication: _____
 Sedation: _____

Upper G.I.T. Endoscopy	Sigmoidoscopy/Colonoscopy
OESOPHAGUS Oesophagitis _____ Grade _____ O.G. Junction _____ Hiatus hernia present _____ Other Lesions _____ STOMACH Gastritis _____ Grade _____ Ulcer _____ Site _____ Size _____ Other Lesions _____ DUODENUM Duodenitis _____ Ulcer _____ Site _____ Size _____	COLON Anal Lesions _____ Haemorrhoids _____ PR _____ Rectum _____ Sigmoid _____ Desc. Colon _____ Splenic flexure _____ Transv. colon _____ Hepatic flexure _____ Ascend. colon _____ Caecum _____ Ileo-caecal valve _____ Terminal ileum _____
	
	
Diagnosis _____ Treatment _____ _____ Further management _____ _____ Signed _____ Date: _____	