

Patient Name _____ Date of Birth / Age _____ / _____
 Address _____ Occupation (_____)
 Phone Number _____ Cell Phone Number _____
 Introduced by _____ Internet • Newspaper • Magazine • TV • Radio

● What kind of symptoms do you suffer?

- Upper GI { Stuck or uncomfirt in Pharynx to chest Heartburn Reflux Esophagitis Gastric Pain
 Uncomfort and fullness of stomach Sickness, Vomit Worry for Helicobacter Pylori Gastric Polyp
 Gastric / Duodenal ulcer Worry for Esophageal / Gastric Cancer
- Colon { Blood in stool Positive in Fecal occult blood test Constipation Diarrhea Abdominal pain
 Fullness of abdomen Polyp in Colon Worry of colon cancer

If you have any other symptoms you are suffering, please state in below

(_____)

Please mark the box for examination which you request (All examinations will finish without any hospital stays. All examination will be charged as private practice

Endoscopic Examination

- Same day examination= Having both “Upper GI Endoscopy” and “Colonoscopy” as below on the same day
 High quality image Upper GI Endoscopy examination
 ➤ Using NBI(Narrow Band Imaging) for pharynx, esophageal, gastric cancer examination screening
 ➤ Helicobacter Pylori(Cause of gastric cancer) infection check
 ➤ Perfect infection control= Using single use device for biopsy, send out for pathology
 High-Vision Magnifying Colonoscopy examination
 ➤ Using NBI to detect flat and depressed type cancer
 ➤ Using High-Vision endoscope to achieve accurate diagnosis from high quality and resolution image
 ➤ Using magnifying endoscope(up to ×100) to achieve accurate diagnosis the malignancy of the polyp
 ➤ Complete from diagnosis to therapy including endoscopic surgery in single endoscopy
 ➤ Resect all polyp and early stage cancer detected (Defined as “Clean colon”)
 ➤ Ulcer surface after polyp resection will be fully closed. Ulcer surface after polyp resection(Over 20mm) will be closed using an ”8-Ring” device, designed and held patent by the director himself
 ➤ Perfect infection control= Using single use device used in all endoscopic surgery

Other Examinations (Will be additionally charged. Able to receive on the same day with endoscopy)

- Blood examination ; Cancer screening by tumor marker
 (Gastric, Colon, Lung, Breast, Liver, Ovary, Prostate cancer etc)
 Ultra Sonic Cancer Screening ; Thyroid, Abdomen (Liver • Gallbladder, Spleen, Kidney, Pancreas), Prostate
 Arterial Check ; Measure “Arterial Age” by machine to medicine hyperlipemia, pre check for heart, brain disease
 Carotid Ultra Sonic ; Checking the risk of carotid vein hardening and stage
 Cardiogram ; Detecting Irregular Pulse, Angina, Infarction
 Helicobacter Pylori Screening by Breath ; Detect Helicobacter Pylori without endoscopy

Other examination by coordinate hospitals (Introducing other hospitals)

Screenings will be done by MRI, CT without any pain

- Cancer Screenings for male patients ; Lung, Prostate, Liver • Gallbladder, Pancreas Cancer Screening
 Cancer Screenings for female patients ; Breast, Uterus, Ovary Cancer Screening
 Hear Examination ; Examination for detecting angina and infarction
 Brain Examination ; Examination for detecting brain tumor, cerebral infarction, cerebral aneurysm

Please fill in the back page as well

Please fill below for patients wishing Upper GI Endoscopy

●Drinking and Smoking is related to the cause of Esophageal Cancer (Please mark circle on the numbers)

1. Drinking habit

I drink alcohol (1. I don't 2. More than once a week 3. Almost every night)

※Do you turn red right after drinking? Yes · No

2. Smoking habit

I smoke (1. I don't 2. I used to but quitted 3. Yes I do smoke)

※If you marked 2 or 3 to the question 2 above, please answer the period and amount in below

Period of smoking (From _____ years old to _____ years old, About ___ cigarette a day)

●Helicobacter Pylori is related to the cause of Gastric Cancer.

1. Is this your first time having a Upper GI Endoscopy? Yes · No (___times including this time)

2. Is this your first time having a Helicobacter Pyloric screening? Yes · No (___times including this time)

3. Please answer the following for those the Helicobacter Pyloric screening result had been positive.

(Decolonized · Haven't yet decolonized · I am not sure)

※Please answer the following for those who have decolonized.

When? (about the age of _____) , The decolonization was (Successful · Failed · I am not sure)

Please fill below for patients wishing Colonoscopy.

●Polyps in the colon are related to colon cancer.

1. Is this your first time colonoscopy? Yes · No (___times including this time)

2. Have you ever been detected colon polyps? Yes · No

3. Do you no how many polyps have been detected?

(1 ~ 2 · 3 ~ 5 · more than 6 · I don't know)

●Are you taking any anticoagulant medicines? (Yes · No · I don't know)

Bufferin · Panaldine · Warfarin · Bayaspirin · Epadel · Persantin

Opalmon · Anplag · Pletal Others ()

Please state all medicines which you are taking today

()

●Have you ever felt sick during anesthesia in dental treatment or endoscopy examination?

(Yes · No · I am not sure)

If yes please state the symptoms

()

●Are you allergic to any medicines (Yes · No · I am not sure)

Name of medicines ()

●Please circle the following diseases which you have or had.

High Blood Pressure · Low Blood Pressure · Angina · Myocardial Infarction · Irregular Pulse · Cerebral Infarction · Prostatic Hypertrophy · Glaucoma · Hepatitis · Diabetes · Asthma

●If you have any diseases in current treatment please state below.

()

●Have you ever been gone under surgery? (Yes · No)

Or, have you ever been diagnosed to any cancer? (Yes · No)

If yes please state as below

Name of Disease :

At the age of :

Hospital Name :

Actual treatment :

●Please state if your relatives has been diagnosed as cancer

Relation :

Name of Disease :

Thank you for your cooperation. Please hand this form to the reception after you've filled this form