

Fluoro Technologist Worksheet

St Vincents Riverside Southside Clay St Johns

Patient Name: _____ MMI: _____ Age: _____

History/Symptoms: _____ Radiologist/RA: _____

GI Surgeries? _____

Recent EGD/Colonoscopy? Findings? _____

Pain? If so, where? _____

Difficulty Swallowing	Nausea / Vomiting	Gastroesophageal Reflux	Blood in Stools
Liquids Solids	Vomiting Blood	Cough	Change in Bowel Habits
Things Stick in Throat	Constipation / Diarrhea	Aspiration	Early Satiety

Exam Performed	Esophagram Upper GI	Small Bowel FT Post Op Check	Barium Enema Water-Soluble Enema	Modified Swallow Sniff Test	Cystogram HSG
Contrast Used	Thin Thick	Pill Fizzies	Polibar Gastrografin	Gastroview Omni 240	Omni 300 Omni 350

Consistency	Penetration			Aspiration		Residual			
	None	Flash	Deep	No	Yes	V / P	mild	moderate	severe
Thin	None	Flash	Deep	No	Yes	V / P	mild	moderate	severe
Nectar	None	Flash	Deep	No	Yes	V / P	mild	moderate	severe
Honey	None	Flash	Deep	No	Yes	V / P	mild	moderate	severe
Pudding	None	Flash	Deep	No	Yes	V / P	mild	moderate	severe
Solid	None	Flash	Deep	No	Yes	V / P	mild	moderate	severe

Findings: _____

Tech's Name:	Fluoro Time/Images:	DAP / Kerma / PSD (units):
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