

NAME:  
HOSPITAL NO.

**CONFIDENTIAL**

## STOMATHERAPY History Taking Form

NHS No: \_\_\_\_\_

Hospital: \_\_\_\_\_

Hospital No: \_\_\_\_\_

G.P. : \_\_\_\_\_

G.P. Address: \_\_\_\_\_

\_\_\_\_\_

Tel. No.: \_\_\_\_\_

Ref. from: \_\_\_\_\_

Consultant: \_\_\_\_\_

NOK \_\_\_\_\_

\_\_\_\_\_

Patient's Telephone No: \_\_\_\_\_

Sex: \_\_\_\_\_ Ward: \_\_\_\_\_

DoB: \_\_\_\_\_ / Ethnicity \_\_\_\_\_

### Diagnosis:

Date	Operations	Planned	Emergency	Pathology	Disch. Date

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### A Physical Information

		No prob.	Prob.	Comments
1	Eyesight			
2	Hearing			
3	Mobility			
4	Dexterity			
5	Skin Condition			
6	Bowel Habits			
7	Urinary Function			
8	Possible Sexual Implications			
8a	Fertility/Contraception			

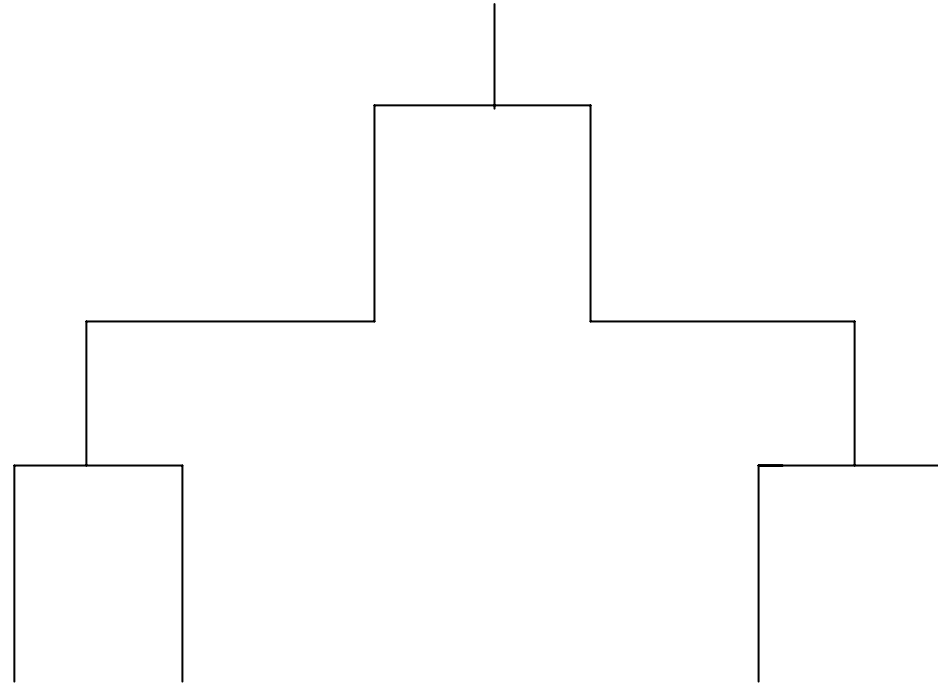


NAME:  
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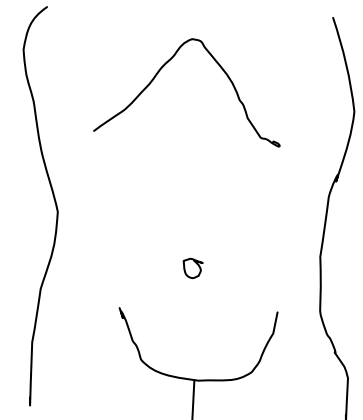
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# STOMATHERAPY History Taking Form

## **FAMILY HISTORY CANCER/F.P.P.**



14	Stoma Siting & Relevant Problems			



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## STOMATHERAPY History Taking Form

### **B Psychological Information**

		<b>Comments</b>
1	Understanding of information given	
2	Patient's Understanding (Surgery & possible complications)	
3	Mental Health History	
4	Dependency Level/Disability	
5	Sexual Activity	
6	Patient's Perception of Changed Body Image	
7	Patient's Understanding of "Life with a Stoma"	

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## STOMATHERAPY History Taking Form

### **C Social/Cultural Information**

		<b>Comments</b>
1	Marital Status	Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow (er) <input type="checkbox"/>
2	Work	
3	Work Hazards	
4	Social Service Help	
5	Social Network	
6	Living conditions	
7	Dependents	
8	Cultural Habits/Religion	
9	Hobbies/Sport	

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## STOMATHERAPY History Taking Form

Booklets Given \_\_\_\_\_ Yes/No/Refused/Wishes to see later

Appliances Shown \_\_\_\_\_ Yes/No/Refused/Wishes to see later

Offered Stoma Visitor \_\_\_\_\_ Yes/No/Refused/Wishes to see later

Info given re Voluntary organization \_\_\_\_\_ Yes/No  
Which? \_\_\_\_\_

**Signature (SCN)** \_\_\_\_\_

**(Name in block capitals)** \_\_\_\_\_

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**NOTES**