

Pre-visit questionnaire

Please check (Yes or NO) the box with a ballpoint pen or a pencil of 2B or higher.

If you answer "Yes," you will generally not be able to receive an examination in order to provide a safe testing environment.

1. Blood pressure of 180/110 mmHg or higher (severe hypertension)	→ Measurement on the day (/ mmHg)	
2. Weight 120 kg or more (due to mechanical limitations)	→ We will confirm on the day.	
	Yes	NO
3. Blood in stool or persistent constipation up to the day of presentation (3 days or more for men, 4 days or more for women)	<input type="checkbox"/>	<input type="checkbox"/>
		Last bowel movement date: Month /Day
4. On the day of the examination, I took my diabetes medication.	<input type="checkbox"/>	<input type="checkbox"/>
		※Testing is possible with medications that pose a low risk of hypoglycemia.
5. Allergic to barium preparations, foaming agents, or food additives	<input type="checkbox"/>	<input type="checkbox"/>
6. Due to injury, chronic illness, surgery, etc., the patient is under fluid restriction (e.g., dialysis) or movement restriction (e.g., difficulty maintaining position or turning over).	<input type="checkbox"/>	<input type="checkbox"/>
7. Within the past year, experienced a brain disorder or heart attack.	<input type="checkbox"/>	<input type="checkbox"/>
8. Underwent surgery on the head, chest, or abdomen within the past year	<input type="checkbox"/>	<input type="checkbox"/>
9. Wearing a colostomy bag	<input type="checkbox"/>	<input type="checkbox"/>
10. Had a colon polyp removed within the past two months	<input type="checkbox"/>	<input type="checkbox"/>
11. History of intestinal obstruction within the past year. History of recurrent intestinal obstruction after adulthood or history of surgery.	<input type="checkbox"/>	<input type="checkbox"/>
12. Currently undergoing treatment or requiring regular checkups for the following gastrointestinal disorders [Ulcerative colitis, Crohn's disease, gastric/duodenal ulcer, acute gastritis, diverticulitis]	<input type="checkbox"/>	<input type="checkbox"/>
13. Pregnant or possibly pregnant (women only)	<input type="checkbox"/>	<input type="checkbox"/>

↓ Even if it falls under "Yes," testing is permitted with a doctor's approval.

Remarks

Physician's Determination (Permitted / Not Permitted)

Please be aware that the examination may be discontinued during the consultation or imaging if you are not feeling well on the day of the appointment, if your pre-existing medical conditions (such as asthma, epilepsy, Ménière's disease, Parkinson's disease, etc.) are active, if you have difficulty following instructions, or if your medication status necessitates it.

◎Preparation Starting the Day Before Your Test (Important: Please cooperate as failure to do so may reduce test accuracy and affect your results)

● Do not eat anything within 10 hours before the examination (as a guideline, after 9:00 PM the night before).

(Please refrain from consuming alcohol, hard-to-digest foods (such as meat), or large meals the night before.)

● On the day of the examination (after waking up)

Please refrain from drinking anything for two hours prior to the examination. (Up to two hours before, only about 100 ml of water is permitted.)

If you take oral medication (for heart disease, blood pressure, etc.), please take it with approximately 100 ml of water two hours prior.

※Please avoid anything other than water or plain hot water.

※Consultation is required before consuming small amounts of unsweetened tea or coffee, or smoking cigarettes. This may reduce test