



Questionnaire For Continued Use of Transanal Irrigation System

Customer Name: _____ DOB: _____ RIN: _____

1. Primary diagnosis resulting in neurogenic bowel dysfunction:

2. What is the current frequency of use of this system?

- Daily
 Every other day
 Other: specify _____

3. Are there any clear returns at this frequency of use:

- Yes
 No

4. Is there any possibility to decrease the frequency of use?

- Yes: specify: _____
 No

5. Have there been any complications resulting from use of this system?

- Yes: specify: _____
 No

6. Has the customer and/or caregiver as applicable been compliant with the treatment plan and follow-up?

- Yes
 No

7. Has there been improved bowel evacuation with use of the transanal irrigation system?

- Yes
 No
 No change

Please print name of practitioner completing this questionnaire including professional degree:

Signature of practitioner: _____ Date: _____