Digestive Disease Center

UNIVERSITY HOSPITAL OF BROOKLYN Digestive Disease Center, Suite A • Endoscopy Center, Suite H • 470 Clarkson Avenue, Brooklyn 11203
SUNY DOWNSTATE BAY RIDGE Urgent Care Center • 699 92nd Street @ 7th Avenue, Brooklyn 11228
SUNY DOWNSTATE LONG ISLAND COLLEGE HOSPITAL 339 Hicks Street, Brooklyn 11201

APPOINTMENTS (718) 270-4772 • FAX (718) 270-7201 • wv

www.DownstateGl.org

REFERRAL FOR ENDOSCOPIC PROCEDURES

REFERRAL FOR ENDO	SCOPIC PROC		JUK	LJ		
	DATE OF REFERRAL:			TIME:		
			TIME: on			
Manual	REASON FOR PROCEDURE:					
Name: Person age 50 years of						
DOB: First degree relative						
☐ Personal history of a			adenomatous polyps (Most recent exam:)			
Address: Other						
Home Phone:	Referring Physician (print):					
Home Fronc.	Physician's Address:					
Mobile Phone:						
	Phone: Fax:					
Insurance Carrier:	Preferred Method to Send Results: PHONE FAX MAIL					
Policy ID#:	REFERRING PHYSICIAN'S SIGNATURE (required):					
Policy ID#: X						
MEDICAL	HISTORY					
If "Yes" is selected for <u>any</u> of the items below, the patient is <i>not</i> a good ca	ndidate for direct referral. Ple	ease c	all for a C	GI consultation (718) 270-4772		
Is the patient			No	Notes		
Age 75 or older?						
Under treatment for heart/valve problems?						
Under treatment for kidney disease?						
Under treatment for COPD?						
On anti-platelet/anticoagulation med. (including aspirin) and cannot safe	ly stop for one week?					
Recent episode of diverticulitis?						
Pregnant?		Voc	No	Notes		
Does the patient Have heme(+) stool, hematochezia or iron deficiency anemia?			NO	Notes		
Pacemaker or AICD?						
Inflammatory Bowel Disease?						
Requires oxygen supplementation or is high risk for sedation/anesthe	sia-related complications?					
History of endocarditis, rheumatic fever or intravascular prosthesis?						
History of difficult, incomplete or poorly prepped colonoscopy?						
History of difficulty with previous sedation/anesthesia?						
History of sleep apnea?						
Is the patient on medication for diabetes?	Allergies (Meds, Latex)?	☐ Yes	□ No		
If yes: Request an A.M. appointment. Advise patient on how to take						
his/her diabetes medication to avoid hypoglycemia while on a clear				·		
liquid diet and also during the procedure.						
Modications	Other Medical History:					
Medications:						
	☐ Social History: ETOH,	IVDA	, Tobacco	o (Circle)		
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PREPARATION FOR ENDOSCOPIC PROCEDURES