

## REFERRAL FOR ENDOSCOPIC PROCEDURES

### PATIENT INFORMATION:

Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Mobile: \_\_\_\_\_  
 Insurance Carrier: \_\_\_\_\_  
 Policy ID#: \_\_\_\_\_

DATE OF REFERRAL: \_\_\_\_\_ TIME: \_\_\_\_\_  
 PROCEDURE:  Colon  EGD  ERCP  Other \_\_\_\_\_  
 REASON FOR PROCEDURE:  
 Person age 50 years or older  
 First degree relative with colon cancer  
 Personal history of adenomatous polyps (Most recent exam: \_\_\_\_\_)

Referring Physician (print): \_\_\_\_\_  
 Physician's Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Preferred Method to Send Results:  PHONE  FAX  MAIL  
 License #: \_\_\_\_\_ NPI #: \_\_\_\_\_

**REFERRING PHYSICIAN'S SIGNATURE (REQUIRED):**  
 X \_\_\_\_\_

### MEDICAL HISTORY

If "Yes" is selected for any of the items below, the patient is not a good candidate for direct referral. Please call for a **GI consultation (718) 282-7234**.

| Is the patient...  | Yes | 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 safely stop for one week? |     |    |       |
| Recent episode of diverticulitis?  |     |    |       |
| Pregnant?  |     |    |       |
| Does the patient...  | Yes | No | Notes |
| Have heme(+) stool, hematocezia or iron deficiency anemia?                                     |     |    |       |
| Pacemaker or AICD?   |     |    |       |
| Inflammatory Bowel Disease?  |     |    |       |
| Requires oxygen supplementation or is high risk for sedation/anesthesia-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?**  Yes  No

**If yes:** Request an A.M. appointment.  
 Day of procedure: stopfast-acting insulin and glyburide.

**Allergies (Meds, Latex)?**  Yes  No

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Medications:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Other Medical History:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Social History: ETOH, IVDA, Tobacco (Circle)

### TO THE REFERRING PHYSICIAN

#### BOWEL PREPARATION

Every patient must receive a prescription for bowel preparation and detailed instructions (stop specific meds, npo, etc.) for the night prior to colonoscopy.

| Agent               | Volume                                     | Mechanism                 |
|---------------------|--|---------------------------|
| PEG-ELS: HalfLytely | 2 Liters + 4 Bisacodyl tablets (5 mg each) | Isoosmotic plus stimulant |