UNIVERSITY HOSPITAL SUNY DOWNSTATE
CENTRAL BROOKLYN ▪ BAY RIDGE
Center For Advanced Endoscopy

❑ **University Hospital of Brooklyn**
Digestive Disease Center, Suite A • Endoscopy Center, Suite H • 470 Clarkson Avenue, Brooklyn 11203

❑ **SUNY Downstate at Bayridge**
Urgent Care Center • 699 92nd Street @ 7th Avenue, Brooklyn 11228

Appointments (718) 270-4772 • FAX (718) 270-7201 • www.downstate.edu/gastroenterology-hepatology/

PLEASE COMPLETE THE FORM AND FAX TO (718) 270-7201

REFERRAL FOR ENDOSCOPIC PROCEDURES

Patient Information:

Name: _____

DOB: _____

Address: _____

Home Phone: _____

_____

Mobile Phone: _____

Insurance Carrier: _____

Policy ID#: _____

DATE OF REFERRAL: _____ TIME: _____

PROCEDURE: ❑ Colon ❑ EGD ❑ EUS ❑ Other _____

REASON FOR PROCEDURE:

- ☐ Person age 50 years or older
- ☐ First degree relative with colon cancer
- ☐ Personal history of adenomatous polyps (Most recent exam: ___)
- ☐ Other _____

Referring Physician (print): _____

Physician's Address: _____

_____

Phone: _____ Fax: _____

Preferred Method to Send Results: ❑ PHONE ❑ FAX ❑ MAIL

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) 270-4772.

is the patient…	Yes	No	Notes
Age 75 or older?			
Pregnant?			
Severe heart disease /prosthetic value/vascular prosthesis/endocarditis/AICD/Pacemaker?			
Severe liver or kidney disease?			
Severe COPD/requires oxygen/sleep apnea/high risk for sedation per your assessment?			
On anti-platelet/anticoagulation med. (including aspirin) and cannot safely stop for one week?			
Inflammatory bowel disease, recent episode of diverticulitis?			
Past difficulty with anesthesia/incomplete colonoscopy/poor prep?			

Is the patient on medication for diabetes? ❑ 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.

Medications:

_____ _____

_____ _____

_____ _____

Allergies (meds, latex)? ❑ Yes ■ No

_____

_____

_____

Other Medical History:

_____

_____

_____

☐ Social History: ETOH, IVDA, Tobacco (Circle)

PREPARATION FOR ENDOSCOPIC PROCEDURES

You can download specific preparation instructions from our website: www.downstate.edu/gastroenterology-hepatology/index.html

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