**PROVIDENCE GASTROENTROLOGY**

Open access endoscopy request

# CONTACT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Birth: | Date: |
| Cell / Phone |  |  |  |
| Referring Doctor |  | With what doctor: |  |
| E-mail |  | [ ]  Dr. Laurence E Stawick | [ ]  Dr. Kha H. Ngo |
| Home address |  | [ ]  Dr. Mark S. DeVore | [ ]  Dr. Serge S. Sorser |
| City, State ZIP Code |  | [ ]  Dr. Julia S. Greer |  |

# pROCEDURE REQUESTED > check referring diagnosis

|  |  |  |  |
| --- | --- | --- | --- |
| Colonoscopy | [ ]  Yes [ ]  No | EGD esophagogastroduodenoscopy | [ ]  Yes [ ]  No |
| For cancer screening | [ ]  Yes [ ]  No | Reflux- GERD | [ ]  Yes [ ]  No |
| Family history colon cancer | [ ]  Yes [ ]  No | Dysphagia – trouble swallowing | [ ]  Yes [ ]  No |
| Blood in stool | [ ]  Yes [ ]  No |  Globus – food stuck | [ ]  Yes [ ]  No |
| Other |  | Other |  |
| Have you had a Colonoscopy before? | [ ]  Yes [ ]  No | Have you had a EGD before? | [ ]  Yes [ ]  No |
| If Yes, Date of last Colonoscopy |  | If Yes, Date of last EGD |  |
| What doctor performed your last colon? |  |  |  |

# rX & MEDICATION INFO

|  |  |  |  |
| --- | --- | --- | --- |
| Pharmacy name |  | Phone |  |
| Address |  | City, State ZIP Code |  |
| [ ]  No known allergies [ ]  Yes Allergies: Please List all |  |  |  |
|  |  |  |  |

# medication list

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Medication | Dosage | number of capsules/tablets | how many time a day |
| *Example; Nexium* | *40 mg* | *1 tab*  | *1 X a day* |
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|  |  |  |  |
| Name |  | Date of Birth: |  |

# QUESTIONS FOR OPEN ACCESS ENDOSCOPY

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| --- | --- | --- |
| Questions for Open Access Endoscopy  | Answer | Any Comments |
| Do you have? Rectal Bleed | [ ]  Yes [ ]  No |  |
|  Anemia | [ ]  Yes [ ]  No |  |
|  Rectal Pain | [ ]  Yes [ ]  No |  |
|  Irritable Bowel | [ ]  Yes [ ]  No |  |
|  Change in Bowel habits- Diarrhea/Constipation | [ ]  Yes [ ]  No |  |
|  Cramping/Abdominal pain | [ ]  Yes [ ]  No |  |
|  Chronic kidney disease | [ ]  Yes [ ]  No |  |
| Are you 50 years old? | [ ]  Yes [ ]  No |  |
| Any unexplained weight loss? | [ ]  Yes [ ]  No |  |
| Any family history of colon cancer in Mother, Father, sister(s), brother(s)? | [ ]  Yes [ ]  No |  |
| If yes, which family member- | [ ]  Yes [ ]  No |  |
| In the last 3 months, have you had a Heart attack, stroke, or Congestive heart failure? | [ ]  Yes [ ]  No | (if yes, schedule at hospital) |
| Do you have an Implanted Cardiac Defibrillator? Or Pacemaker | [ ]  Yes [ ]  No | (if yes, schedule at hospital) |
| Do you weigh over 350 pounds? | [ ]  Yes [ ]  No | (if yes, schedule at hospital) |
| Do you use oxygen or C-PAP machine at home? (Any Oxygen) | [ ]  Yes [ ]  No | (if yes, schedule at hospital) |
| Are you on dialysis? | [ ]  Yes [ ]  No | (if yes, schedule at hospital) |
| Do you use a wheelchair? | [ ]  Yes [ ]  No |  |
|  If yes, ask; can you transfer yourself to a bed without assistance? | [ ]  Yes [ ]  No | (If No, schedule at hospital) |
| Have you or any family member had problems with anesthesia in the past? | [ ]  Yes [ ]  No |  |
| Do you see a heart doctor on a regular basis? | [ ]  Yes [ ]  No |  |
|  If yes, Cardiologist please give name & phone under comments | [ ]  Yes [ ]  No |  |
|  If yes, reason for heart doctor, under comments | [ ]  Yes [ ]  No |  |
| Do you experience chest pain at rest or chest pain unrelieved by Nitroglycerin? | [ ]  Yes [ ]  No |  |
| Do you have a replaced heart valve or heart stent? | [ ]  Yes [ ]  No |  |
| Do you have high blood pressure? | [ ]  Yes [ ]  No |  |
| Do you have diabetes? | [ ]  Yes [ ]  No |  |
| Do you have seizures? | [ ]  Yes [ ]  No |  |
| Do you have an Infectious /Contagious Disease? | [ ]  Yes [ ]  No |  |
| Do you take Antibiotics before dental work? | [ ]  Yes [ ]  No |  |
| For women only; are you pregnant or think you may be?  | [ ]  Yes [ ]  No |  |

**SIGNATURE**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  |  | UPLOAD ONLINE or FAX to: 248-662-4120 |
| Date |  |  |  |

1. By submitting this request for Open Access Procedure, you authorize our staff to call and schedule your procedure, you will take responsibility to review and prep for procedure properly including verifying all your insurance benefits.
2. Under Patient information you will be directed to Procedure Preps, For Colonoscopy you will select your location > then the Bowel prep as indicated by your provider when scheduled. For EGD please just select the location > no bowel prep involved.

Thank you