**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

|  |  |  |
| --- | --- | --- |
| 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