Dartmouth Health

Dartmouth Hitchcock Clinics

Phone: (603) 577-4081
Fax: (603) 676-4080
Medically Urgent Fax: (603) 640-1909

Referring Provider: _____ Office Phone: _____

Practice Name: _____ Fax: _____

Practice Address _____PCP Name: _____

Patient Name: _____ MRN# _____

DOB: _____ Cell Phone _____ Home Phone _____Work Phone _____

Mailing Address: _____

Will a supplied interpreter be needed for this appointment? ❑ No ❑ Yes Language:_____

Health Insurance: _____Subscribers Name: _____

Policy #: _____ Group# _____ Subscribers DOB _____

Referral for Direct Endoscopy / Colonoscopy

❑ **Office Consultation** – FAX ALL office notes, reports, labs, etc. to (603) 577-4081

Diagnosis: _____

Testing done: _____

❑ **EGD** ❑ **Bravo**

❑ Abdominal Pain ❑Abnormal Radiographic Testing ❑ Celiac Disease Confirmation ❑ Dyspepsia

❑ Dysphagia ❑ Gastric Ulcer F/U ❑ GERD ❑ GI Bleed ❑ Iron Deficiency ❑ Barrett's Esophagus

❑ Other: _____

❑ **Diagnostic Colonoscopy**

❑ Abnormal Radiographic ❑ Testing ❑ Chronic Diarrhea ❑ Chronic Constipation ❑ FU Diverticulitis

❑ GI Bleed ❑ Hemocult Positive Stool ❑ Iron Deficiency ❑ Personal HX Colon Cancer

❑ Personal HX Colon Polyps: ❑ Adenomatous ❑ Vilous Adenoma ❑ Other: _____

Screening Colonoscopy

❑ Age 50 or above ❑ FM Hx Colon CA-1st degree relative or multiple 2nd degree relatives

❑ Previous screening colonoscopy: Year _____ ❑ Other: _____

Please answer Yes or No to ALL questions:

❑ Yes ❑ No Cardiac Disease

❑ Yes ❑ No CABGCAD

❑ Yes ❑ No MI /CVA

❑ Yes ❑ No Pulmonary Disease

❑ Yes ❑ No Latex Allergy

❑ Yes ❑ No Atrial Fibrillation

❑ Yes ❑ No Heart Failure

❑ Yes ❑ No Diabetes - If Yes: Insulin Dependent: ❑ Yes ❑ No

❑ Yes ❑ No Renal/Kidney Disease ❑ Yes ❑ No

❑ Yes ❑ No Hemophilia/other blood disorders:
(if yes please explain): _____

Medications

Taking ASPIRIN OR NSAIDS? ❑ Yes ❑ No Stop 5 days prior to procedure ❑ Yes ❑ No

Taking Coumadin or Plavix,? ❑ Yes ❑ No Stop 5 days prior to procedure? ❑ Yes ❑ No

Patient will resume Coumadin/Plavix one day after procedure unless otherwise instructed

Rate your patient's ASA classification: _____ (3 or 4 needs anesthesia support)

1) Healthy patient with no disease outside of the surgical process.
2) Systemic disease that does NOT alter active daily living.
3) Systemic disease that DOES alter active daily living.
4) Severe incapacitating disease process that is a threat to life.