Dartmouth Health

Dartmouth Hitchcock Clinics

Phone: (603) 629-1803
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

❑ **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 ❑ Family history of Colon Cancer

❑ 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