GASTROENTEROLOGY

2300 Southwood Drive, Nashua, NH 03063 PHONE 603-577-4081 FAX 603-577-4277

Today's Date: ______ Referring Provider: ______ PHONE: ______ FAX: ______

Patient Name: ______ DOB: ______ SS#: ______

Address: ______ City: ______ State: ______ Zip: ______

Home #: ______ Work #: ______ Cell #: ______

PCP: ______

*****COMPLETE THE FOLLOWING INSURANCE INFORMATION or YOU MAY ATTACH A COPY OF THE PATIENTS DEMOGRAPHIC SHEET and INSURANCE CARD (front & back).***

Insurance: ______ ID# ______ Effective Date: ______

Ins. Address: ______ Phone #: ______ CO-PAY $: ______

Subscriber Name: ______ DOB: ______ Relationship to Patient: ______

****If your Patient has a Managed Care Insurance Plan, please submit a referral and FAX to 603-577-4388**

DUAL REQUESTS – PLEASE INDICATE ORDER PREFERENCE (#1, #2)

❒ ***OFFICE CONSULTATION***

*Please FAX ALL Office notes, Reports, Labs, etc. to **603-577-4277**.*

DIAGNOSIS: ______

TESTING DONE:

❒ ***EGD***

❒Abdominal Pain
❒Abnormal Radiographic Testing

❒Celiac Disease Confirmation

❒Dyspepsia
❒Dysphagia

❒Gastric Ulcer F/U
❒GERD
❒GI Bleed

❒Iron Deficiency

❒Screening Barrett's Esophagus

❒ ***DIAGNOSTIC COLONOSCOPY***

❒Abnormal Radiographic Testing

❒Chronic Diarrhea
❒Chronic Constipation

❒FU Diverticulitis
-after 2 mo TX completion

❒GI Bleed

❒Hemocult Positive Stool

❒Iron Deficiency

❒Personal HX Colon Cancer
❒Personal HX Colon Polyps

❒ ***SCREENING COLONOSCOPY***

OPTION 1:
Attend our Group Informational Meeting AT 21 EAST HOLLIS STREET

❒FM HX Colon CA
-1st Degree relative or multiple 2nd degree relatives

❒Previous screening colonoscopy- Year________

OR

OPTION 2:
View our On-line Colonoscopy Information via the Internet:
http://patients.d-h.org/nashuacolonoscopy

INFORMATION NEEDED FOR PROCEDURES ONLY

RENAL / KIDNEY DISEASE?	**YES**	**NO**
DIABETES?	**YES**	**NO**
Taking COUMADIN?	**YES**	**NO**
May stop 5 days prior to procedure?	**YES**	**NO**
Taking PLAVIX, ASPIRIN, or NSAIDS?	**YES**	**NO**
May stop 7 days prior to procedure?	**YES**	**NO**