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
  - CABG/CAD
  - MI/CVA
  - Pulmonary Disease
  - Latex Allergy
  - Atrial Fibrillation
  - Heart Failure
  - Diabetes - If Yes: Insulin Dependent:
  - Renal/Kidney Disease
  - Hemophilia/other blood disorders:
  - (if yes please explain):

  **Medications**

  - Taking ASPIRIN OR NSAIDS?
    - **Yes**
    - **No**
    - Stop 5 days prior to procedure
  - Taking Coumadin or Plavix?
    - **Yes**
    - **No**
    - Stop 5 days prior to procedure

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

  **Rate your patient’s ASA classification:**

  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

  (3 or 4 needs anesthesia support)