Dartmouth-Hitchcock
NASHUA

Phone: (603) 577-4081
Fax: (603) 577-4277

Gastroenterology
Appointment Request Form

Today's date: _____ **Referring Provider:** _____

Office phone: _____ Office fax: _____

Address: _____

Patient Name: Last _____ **First** _____ **MI** _____

DOB: _____ SSN: _____ MR #: _____

Address: _____ City, ST: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

PCP (if different than above): _____

****Complete the following insurance information or attach a copy of patient's demographic sheet and insurance card (front & back).**

Insurance: _____ ID #: _____ Effective date: _____

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 – 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

<u>Option 1</u>: attend our Group Informational Meeting at:
21 East Hollis Street, Nashua, NH

- ❑ FM Hx Colon CA
  - 1st degree relative or multiple 2nd degree relatives
- ❑ Previous screening colonoscopy: Year _____

OR

<u>Option 2</u>: see our Colonoscopy information online at:
www.dartmouth-hitchcock.org/nashua/goto/colonoscopyonline

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

Rate your patient's ASA classification: _____

(3 or 4 needs anesthesia support)

American Society of Anesthesiologists Classification of Preoperative Risk

<u>ASA class</u>	<u>Systemic disturbance</u>
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.