

## Gastroenterology and Hepatology

### Endoscopy Order (procedure)

Please complete patient information below, or attach patient demographic information before faxing.

**Patient's Name: Last** \_\_\_\_\_ **First** \_\_\_\_\_ **MI** \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ MR #: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Referring Provider:** \_\_\_\_\_ Office Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Office Fax: \_\_\_\_\_

#### COLONOSCOPY

- Screening: 50 yrs or older average age risk
  - ◆ No personal/family hx of polyps or cancer
  - ◆ Should be 10 yrs from last colo, or 4 yrs from last flex sig unless mitigating factors per Medicare guidelines

#### Specific indications:

- Personal hx of polyps  
Type: \_\_\_\_\_  
Colonoscopy date: \_\_\_\_\_
- Personal hx of colorectal cancer  
Last colonoscopy date: \_\_\_\_\_
- Personal hx of inflammatory bowel disease
  - Colon cancer surveillance  Diagnosis
- Family hx of colorectal cancer or polyps  
Relation \_\_\_\_\_ age at dx \_\_\_\_\_  
Relation \_\_\_\_\_ age at dx \_\_\_\_\_
- Fecal occult blood positive
- Iron deficiency: If colonoscopy **does not** reveal bleeding source (melena or IDA), do you want an EGD done at the same time?
  - Yes  No
- Hematochezia (rectal bleeding)
- Evaluation of abnormality on barium enema or other pertinent test: describe: \_\_\_\_\_  
\_\_\_\_\_
- Other, describe: \_\_\_\_\_  
\_\_\_\_\_

#### PATIENT SAFETY

For patient safety reasons, please include the following information on your patient:

- List of medications
- Surgical and medical history
- Recent history and physical
- Procedure reports as applicable

#### EGD (UPPER ENDOSCOPY)

- Upper abdominal distress/dyspepsia
  - 50 yr old  Failure after test/treatment
- Dysphagia / Odynophagia (circle one)
- Gastrointestinal bleeding/iron deficiency with suspected upper GI source
- Barrett's esophagus surveillance  
Date of last EGD: \_\_\_\_\_

#### FLEXIBLE SIGMOIDOSCOPY

- Screening
- Suspected rectal disease when colonoscopy is not indicated

#### ADVANCED PROCEDURE

(To be reviewed by an Advanced Endoscopist prior to scheduling)

- EUS\*
- ERCP\*

**\*Please include all notes pertaining to diagnosis along with radiology reports and disks.**

#### CODE STATUS\*

- Full Code
- Limited Resuscitation (e.g. no chest compression but intubation okay)
- Do Not Resuscitate (DNR)**  
\*If a patient is a **DNR**, they must bring their status information with them to this appointment.

**Ordering physician's signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_