



DARTMOUTH-HITCHCOCK • MANCHESTER

100 Hitchcock Way
Manchester, NH 03104
Phone: 603-629-1803 Fax: 603-623-5014

Direct Endoscopy / Colonoscopy Referral

Date: _____

Patient Name: _____ DOB: _____

Referring Provider: _____ PCP: _____

<input type="checkbox"/> <u>EGD</u> <input type="checkbox"/> <u>Bravo</u> <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Abnormal Radiographic Testing <input type="checkbox"/> Celiac Disease Confirmation <input type="checkbox"/> Dyspepsia <input type="checkbox"/> Dysphagia <input type="checkbox"/> Gastric Ulcer F/U <input type="checkbox"/> GERD <input type="checkbox"/> GI Bleed <input type="checkbox"/> Iron Deficiency <input type="checkbox"/> Barrett's Esophagus <input type="checkbox"/> Other:	<input type="checkbox"/> <u>DIAGNOSTIC COLONOSCOPY</u> <input type="checkbox"/> Abnormal Radiographic Testing <input type="checkbox"/> Chronic Diarrhea <input type="checkbox"/> Chronic Constipation <input type="checkbox"/> FU Diverticulitis <input type="checkbox"/> GI Bleed <input type="checkbox"/> Hemocult Positive Stool <input type="checkbox"/> Iron Deficiency <input type="checkbox"/> Personal HX Colon Cancer <input type="checkbox"/> Personal HX Colon Polyps <input type="checkbox"/> Adenomatous <input type="checkbox"/> Vilous Adenoma <input type="checkbox"/> Other	<input type="checkbox"/> <u>SCREENING COLONOSCOPY</u> <input type="checkbox"/> Age 50 or above <input type="checkbox"/> Family history of Colon Cancer <input type="checkbox"/> Other
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Please answer yes or no to ALL questions:

- Yes No: Cardiac Disease:
- Atrial Fibrillation
 - CABG
 - CAD
 - Heart Failure
 - MI /CVA

Yes No: Diabetes - If yes: Insulin Dependent: Yes No:

Yes No: Pulmonary Disease:

Yes No: Renal/Kidney Disease:

Yes No: Latex Allergy

Yes No: Hemophilia/other blood disorders: (if yes please explain)

Yes No: Taking ASPIRIN OR NSAIDS?

➤ May stop 5 days prior to procedure Yes No:

Yes No: Taking Coumadin or Plavix,?

➤ May stop 5 days prior to procedure? Yes No

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