# Direct Referral for Colonoscopy Procedure

**Patient Information or Label:**

Name:

DOB:

Address: Phone: Mobile:

Insurance Carrier: Policy ID #:

Every patient directly referred for colonoscopy must receive a prescription for bowel preparation and thorough bowel preparation instructions from the referring physician. Patients not fit for direct referral (See Section II, below) should be referred to a GI specialist for assessment prior to colonoscopy.

Date of Referral: / /

### Reason for procedure:

 O Asymptomatic person age 50 years and older

 O Asymptomatic person at high risk

O First degree relative with colon cancer

O Personal history of adenomatous polyps (Most recent exam: / / )

**Medical History:** Circle “**yes**” or “**no**” for each item below. *If “****yes****” is selected for any of the items below, the patient may not be a good candidate for direct referral. Consult with a GI specialist.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Is the patient…?** |  |  | Notes: |
| Age 70 or older? | Yes | No |  |
| Under treatment for heart failure or valve-related concerns? | Yes | No |  |
| Under treatment for kidney disease? | Yes | No |  |
| Under treatment for emphysema? | Yes | No |  |
| On anti-platelet or anticoagulation medication (including over-the-counter medication such as aspirin) and cannot safely stop it for one week? | Yes | No |  |
| Under active treatment for a recent episode of diverticulitis? | Yes | No |  |
| Pregnant or possibly pregnant? | Yes | No |  |
| **Does the patient…?** |  |  | Notes: |
| Have heme (+) stool, hematochezia, or iron deficiency anemia? | Yes | No |  |
| Have a pacemaker or automatic implantable cardioverter defibrillator? | Yes | No |  |
| Have Inflammatory Bowel Disease (Ulcerative Colitis or Crohn’s Disease)? | Yes | No |  |
| Have a history of severe cardiac/pulmonary/renal/hepatic disease requiring oxygen supplementation or causing high risk for sedation/anesthesia-related complications? | Yes | No |  |
| Have a history of endocarditis, rheumatic fever, or intravascular prosthesis? | Yes | No |  |
| Have a history of difficult, incomplete, or poorly prepped colonoscopy? | Yes | No |  |
| Have a history of difficulty with previous sedation/anesthesia? | Yes | No |  |
| Have a history of sleep apnea? | Yes | No |  |
| Have a BMI of >45? | Yes | No |  |

**Is the patient on medication for diabetes?** □ Yes □ No **if yes:** Request an A.M. appointment: Advise patient on how much and

when to take their oral diabetes medications, insulin to avoid hypoglycemia while on clear liquid bowel preparation and during procedure.

**Is the patient allergic to LATEX?** □ Yes □ No

**Does the patient have anaphylactic latex reaction?** □ Yes □ No

**Is the patient allergic to any MEDICATION?** □ Yes □ No List:

**Please list all medications and OTC supplements below (attach additional sheets as necessary):**

Medication: Dose: Medication: Dose: Medication: Dose: Medication: Dose: Medication: Dose: Medication: Dose: Medication: Dose:

**Please note any other relevant medical/surgical history:**

Abdominal/pelvic surgery

Abdominal/pelvic radiation

Other, please list:

### Assessment: This patient is a good candidate for a direct referral for colonoscopy. □YES □ NO

Physician Signature: Physician Name (Print): Office Phone: Office Fax: Office Address: Preferred method to send results? □ PHONE □ FAX □MAIL

# TO THE REFERRING PHYSICIAN:

### BOWEL PREPARATION – MoviPrep

Every patient you directly refer for colonoscopy **must** receive a prescription for bowel preparation medications and thorough bowel preparation instructions, including information on dietary restrictions prior to colonoscopy. Please review the Carnegie Hill Endoscopy, COLONOSCOPY PREPARATION –MoviPrep INSTRUCTION with the patient.

MoviPrep is an appropriate colonoscopy preparations for patients directly referred for the procedure:

|  |  |  |
| --- | --- | --- |
| **Agent** | **Volume** | **Mechanism** |
| MoviPrep | 4 pouches dissolved at 1 pouch/liter | Polyehthylene glycol (PEG)-based osmotic |

# How to schedule SCREENING COLONOSCOPIES at IDHC

## FQHC Physician should send over the patient demographic information and a completed Direct Referral Form to IDHC

* Documents will be reviewed and approved by the Medical Director, Babek Danesh MD
* IDHC representative will confirm patient’s appointment with a call back
* IDHC can be reached at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Island Digestive Health Center**

**471 Montauk Highway**

**West Islip, NY, 11795**

**Phone: 631-376-2260**

**Fax: 631-376-2269**