

**REQUEST FOR ELECTIVE DIRECT
ACCESS FLEXIBLE SIGMOIDOSCOPY,
COLONOSCOPY, OR UPPER GI
ENDOSCOPY**

Patient Name _____

Patient Contact #: _____

Referring Physician Name: _____ Office FAX number _____

Address: _____

Preferred Method of Communication for Report (Circle) ? : E-mail FAX Pager Phone Mail:

Provide Contact Information for Communication _____

SCREENING OF ASYMPTOMATIC INDIVIDUALS:

Upper GI Panendoscopy (EGD)

Barrett's Esophagus (q 3-5 y. if no dysplasia)
Screening for varices (Requires hepatology consultation
First to confirm diagnosis)

Colonoscopy – Colorectal Cancer Screening Guidelines

Age > 50 then q 10 y if negative or hyperplastic polyps
Age > 40 with 1st degree relative with colon cancer > 60, or
two 2nd degree relatives any age then q 10 y if negative
1st degree relative with colon cancer < 60 start age 40 or
10 y before earliest Dx in family then q 5 y if negative
Follow-up of previous adenoma or colon cancer
Any age if family member with hereditary colon cancer
syndrome

Flexible Sigmoidoscopy – Colorectal Cancer Screening

Age > 50 if not eligible for colonoscopy then q 5 y)

PATIENT WITH SYMPTOMS OR SIGNS OF DISEASE:

Upper GI Panendoscopy (EGD)

Significant abnormality on UGI series or CT scan
'Red Flags' – Dysphagia, chronic nausea/vomiting
without cause, hematemesis, melena
Follow up for ulcer healing or cancer treatment
Chronic dyspepsia/heartburn in patient with no response
to 6 week course of PPI before meal, or new onset after
age 60
Iron deficiency anemia

Colonoscopy

Significant abnormality on CT scan or Flexible
Sigmoidoscopy
Occult heme + stool or bright red blood/rectum age > 40 or
iron deficiency anemia (circle which)
Chronic diarrhea (negative cultures and celiac panel)

Flexible Sigmoidoscopy

Bright red blood per rectum in a healthy person < age 40
Lower abdominal pain or altered bowel habits < age 50

(MUST COMPLETE ALL QUESTIONS)

- Is there: unstable angina or arrhythmia; recent MI; severe lung disease; morbid obesity; dementia; history of difficult sedation; or any other unstable medical condition that would place patient at risk for conscious sedation or make patient unable to give informed consent? (IF YES NEED E-CONSULTATION FIRST)
YES NO
- If the patient is diabetic can they decrease insulin by ½ on colonoscopy prep day and the day procedure is performed?
YES NO NA
- Can the patient be reasonably expected to undertake a colonoscopy prep and have someone drive them home?
YES NO
- Is the patient on Coumadin?
YES NO
- IF THE PATIENT TAKES COUMADIN CHECK ONE OF THE FOLLOWING CHOICES
THE ORDERING PROVIDER WILL STOP COUMADIN 5 DAYS PRIOR TO ENDOSCOPY, OR
THE COUMADIN WILL BE CONTINUED AND A DIAGNOSTIC ONLY PROCEDURE (NO RESECTION OF
LARGE POLYPS, NO DILATION OF STRICTURES) WILL BE PERFORMED

Note: Patients who do not fit these criteria should have a consultation prior to any conscious sedation procedure by calling 303-628-0155 or by emailing Dr. Levine at joel.levine@dhha.org or by calling him at 303-913-8315

ICD-9 Code:

- Urgent (within a week)
- ASAP (within a month)
- Routine (next available)

Priority