

**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 1<sup>st</sup> degree relative with colon cancer > 60, or two 2<sup>nd</sup> degree relatives any age then q 10 y if negative
- 1<sup>st</sup> 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 1/2 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

**When returning this form, please include a copy of the patient's last office visit and current medication list if available" cpf 'lcz'q'942/; 78/4542.**

**Note:** Patients who do not fit these criteria should have a consultation prior to any conscious sedation procedure by calling 303-628-1550 or by emailing Dr. Levine at [joel.levine@dhha.org](mailto:joel.levine@dhha.org) or by calling him at 303-913-8315.

ICD Code:



*Division of Digestive & Liver Health*

**PRIORITY**

- Urgent (within a week)
- ASAP (within 2 weeks)
- Routine (next available)