



Denver Health- DIRECT ACCESS REFERRAL FORM
Phone# for Patients: 303-602-1926 Fax#:303-602-1985

Patient Name: DOB: Contact#: ICD 10 Code:

Referring Provider: Referring Clinic: Phone #: Fax #:

** Colonoscopy**

Indications: Must check one box

Average Risk Screening- No hx of colorectal CA, no hx of polyps, no GI s/s High Risk- family hx of colorectal CA

Surveillance- hx of polyps, family hx of colorectal CA, Hx of IBD

Diagnostic- Check all that apply:

FIT+ Rectal Bleeding Change in Bowel Habits IDA Abnormal Imaging Diarrhea Other

Prep Type: Standard Prep 2 Day Prep: 8 L PEG soln (DM & BMI >=40, chronic constipation, chronic narcotic use)

Contraindications to Suprep: Must check one box

CKD4/CKD5 Cirrhosis Volume overload Active electrolyte abnormalities Hx of seizures N/A

** EGD** - if an EGD was completed within the last 3 years for the same indication, please consider a clinic referral first

Indications: GERD Dysphagia Abdominal Pain IDA (order a colonoscopy as well) Other:

** Flexible Sigmoidoscopy**

Indication (comment)

Prep Type: Standard Prep

Contraindications to Suprep: Must check one box

CKD4/CKD5 Cirrhosis Volume overload Active electrolyte abnormalities Hx of seizures N/A

Does patient meet any of the following criteria: ***Must check one box***

BMI > 40 Severe OSA (<90%, right sided heart failure) Pulmonary HTN Baseline SOB or difficulty lying down

Home O2 or severe lung disease (COPD, restrictive lung disease) History of difficult intubations

Decompensated CHF Severe cardiac vascular dysfunction Poorly controlled cardiac arrhythmia

Previous intolerance to versed/fentanyl Severe PTSD/anxiety/ hx sexual trauma Patient Pregnant N/A

Has the patient had any of the following in the past 12 months? ***Must check one box***

Blood clots Cardiac stent Respiratory failure MI Stroke Active chest pain Abdominal sx <3 months N/A

Does the patient have an AICD or Pacemaker? Yes No

Is the patient taking blood thinning agents or antiplatelet agents? No Yes If yes, safe to hold? No Yes

Does the patient have any of the following tests pending?

stress test arrhythmia monitoring cardiac cath echo OSA home O2 assessment N/A

****MOST RECENT CLINIC NOTE & MEDICATION LIST NEEDS TO BE SUBMITTED WITH THIS FORM****