

DIRECT ACCESS ENDOSCOPY REFERRAL FORM

Colonoscopy ● EGD/Upper Endoscopy ● Sigmoidoscopy

Phone# for Patients: 303-436-4949 Fax#:720-956-2320 Phone# Providers: 303-628-1550				
Patient Name:		Referring Provider:		
Patient DOB:		Referring Clinic:		
Patient Contact #:		Clinic Phone #:		Clinic Fax #:
INCLUDE RECENT CLINIC NOTE & MEDICATION LIST WITH THIS FORM.THE PATIENT MUST HAVE A RESPONSIBLE ESCORT ≥18 YO				
One box in each section <u>MUST</u> be checked in order for the referral to be completed				
			Endoscopy	☐ Sigmoidoscopy-unsedated
INDICATION	Colonoscopy (SEE PREP BELOW)		EGD/Upper Endoscopy	
	□ Colon Cancer Screening		□ Persistent GERD	
	☐ History of colon polyps or cancer		□ Persistent Dyspepsia	
	☐ Bleeding: Rectal bleeding age ≥ 40, IDA, or + FIT		□ Dysphagia	
	☐ Diarrhea: Duration > 4 weeks		□ Nausea/Vomiting	
	□ IBD		☐ Bleeding: IDA, hematemesis, or melena	
	☐ Unexplained weight loss		□ R/O or F/U Barrett's	
	□ Abnormal imaging		☐ Unexplained weight loss	
	<u>Sigmoidoscopy</u> (unsedated procedure)		□ Abnormal imaging	
	□ Bleeding age < 40		□ F/U ulcer or cancer tx	
	□ Rectal pain/tenesmus		□ Variceal screening	
	□ Fecal incontinence			
	□ Lower abd pain age <50			
	□ Colon Cancer Screening		ICD10 CODE:	
	□ Abnormal imaging			_
EXCLUSION	☐ I certify that there are no exclusions below			
	□ Age > 80 □ Unable to consent □ MI		I/Angina/Severe	e CHF within 6 mos
	☐ BMI >50 ☐ Pregnancy ☐ S		evere lung disease	
	If exclusion(s) present, refer patient to the GI clinic for consultation			
	***Anticoagulation: Referring provider will manage discontinuation or bridging of anticoagulant			
PREPS	□ Standard prep			
	□ 2 day prep: 8 L PEG soln			
	 DM & BMI ≥35 Chronic constipation 			
*	BMI ≥40			