

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 Clin			
Patient Contact #: Clinic Phone #			
INCLUDE RECENT CLINIC NOTE & MEDICATION LIST WITH THIS FORM.THE PATIENT MUST HAVE A RESPONSIBLE ESCORT \geq 18 YO			
*One box in each section <u>MUST</u> be checked in order for the referral to be			
completed*			
*	PROCEDURE* Colonoscopy EGD/Upp	er Endoscopy 🛛 Sigmoidoscopy-unsedated	
INDICATION	Colonoscopy (SEE PREP BELOW)	EGD/Upper Endoscopy	
	Colon Cancer Screening	Persistent GERD	
	History of colon polyps or cancer	Persistent Dyspepsia	
	\Box Bleeding: Rectal bleeding age \geq 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		
	🗆 Abnormal imaging		
EXCLUSION	I certify that there are no exclusions below		
	□ Age > 80 □ Unable to consent □	MI/Angina/Severe CHF within 6 mos	
	□ BMI >50 □ Pregnancy □	Severe 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 ◦ Chronic narcotic us 	se	