DENVER HEALTH
DEPARTMENT OF MEDICINE

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 #:

PROCEDURE- MUST CHECK ONE INDICATION BOX FOR REFFERAL TO BE PLACED

□ Colonoscopy □ EGD/Upper Endoscopy □ Sigmoidoscopy (unsedated)

PLEASE INCLUDE RECENT CLINIC NOTE & MEDICATION LIST WITH THIS FORM.

THE PATIENT MUST HAVE A RESPONSIBLE ESCORT ≥18 YO

INDICATION

COLONOSCOPY (SEE PREP BELOW)

□ Colon Cancer Screening
□ History of colon polyps or cancer
□ Bleeding: Rectal bleeding age ≥ 40, IDA, or + FIT
□ Diarrhea: Duration > 4 weeks
□ IBD
□ Unexplained weight loss
□ Abnormal imaging

SIGMOIDOSCOPY (unsedated procedure)

□ Bleeding age < 40
□ Rectal pain/tenesmus
□ Fecal incontinence
□ Lower abd pain age <50
□ Colon Cancer Screening
□ Abnormal imaging

EGD/UPPER ENDOSCOPY

□ Persistent GERD
□ Persistent Dyspepsia
□ Dysphagia
□ Nausea/Vomiting
□ Bleeding: IDA, hematemesis, or melena
□ R/O or F/U Barrett's
□ Unexplained weight loss
□ Abnormal imaging
□ F/U ulcer or cancer tx
□ Variceal screening

EXCLUSION

*If exclusion(s) present, refer patient to GI clinic or contact ****

□ Age > 80 □ Unable to consent □ MI/Angina/Severe CHF within 6 mos
□ BMI >50 □ Pregnancy □ Severe lung disease
□ I certify that there are no exclusions as noted above

***Anticoagulation: Referring provider will manage discontinuation or bridging of anticoagulant

PREPS

□ Standard prep
□ 2 day prep: 8 L PEG soln
- ◦ DM & BMI ≥35
- ◦ BMI ≥40
- ◦ Chronic constipation
- ◦ Chronic narcotic use