

## Direct Referral For Screening Colonoscopy

**Physicians:** To assess patient fitness for direct referral for colonoscopy, fill out the form below. For patients who **are** appropriate candidates for direct referral: 1) fax this form to a participating endoscopist (see reverse for referral sites); 2) provide the patient with a copy of this form and the endoscopist contact information; 3) instruct patient to call the referral site to schedule their procedure and to receive bowel preparation instructions. For patients who **are not** appropriate candidates for direct referral: refer patient to a GI specialist for assessment prior to colonoscopy.

Date of Referral: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Reason for procedure:

- Asymptomatic person age 50 years and older
- Asymptomatic person at high risk
- First degree relative with colon cancer or adenomatous polyps
- Personal history of colon cancer or adenomatous polyps (Most recent exam: \_\_\_\_/\_\_\_\_/\_\_\_\_)

### Patient Information or Label:

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy ID#: \_\_\_\_\_

**Medical History:** Check "yes" or "no" for each item below. If "yes" is selected for any of the items below, the patient may not be a good candidate for direct referral. Consult with a GI specialist.

Is the patient...	Yes	No	Notes:
Age 75 or older?			
Under treatment for heart failure or valve-related concerns?			
Under treatment for advanced kidney, liver or lung disease?			
On anti-platelet or anticoagulation medication (including over-the-counter medication such as aspirin) and cannot safely stop it for one week?			
Under active treatment for acute diverticulitis?			
Pregnant or possibly pregnant?			
Does the patient have...	Yes	No	Notes:
Heme (+) stool, hematochezia, or iron deficiency anemia?			
A pacemaker or automatic implantable cardioverter or defibrillator?			
Inflammatory Bowel Disease (Ulcerative Colitis or Crohn's Disease)?			
A history of severe cardiac/pulmonary/renal/hepatic disease requiring oxygen supplementation or causing high risk for sedation/anesthesia?			
A history of endocarditis, rheumatic fever, or intravascular prosthesis?			
A history of difficult, incomplete, or poorly prepped colonoscopy?			
A history of difficulty with previous sedation/anesthesia?			
A history of sleep apnea?			

**Is the patient on medication for diabetes?**  Yes  No

**If yes:** Request an A.M. appointment. Advise patient on how much and when to take their oral diabetes medications, insulin or Exenatide (*Byetta*<sup>®</sup>) to avoid hypoglycemia while on clear liquid bowel preparation and during procedure.

**Is the patient allergic to LATEX?**  Yes  No

**Is the patient allergic to any MEDICATION?**  Yes  No

List: \_\_\_\_\_

<p><b>Please list all medications and OTC supplements below (attach additional sheets as necessary):</b></p> <p>Medication: _____ Dose: _____</p> <p>Medication: _____ Dose: _____</p> <p>Medication: _____ Dose: _____</p> <p>Medication: _____ Dose: _____</p> <p>Medication: _____ Dose: _____</p> <p>Medication: _____ Dose: _____</p> <p>Medication: _____ Dose: _____</p>	<p><b>Please note any other relevant medical/surgical history:</b></p> <p><input type="checkbox"/> Abdominal/pelvic surgery</p> <p><input type="checkbox"/> Abdominal/pelvic radiation</p> <p>Other, please list: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**Assessment: This patient is a good candidate for a direct referral for colonoscopy.**  Yes  No

Physician Signature: \_\_\_\_\_

Physician Name (Print): \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Office Address: \_\_\_\_\_

Preferred method to send results?  PHONE  FAX  MAIL



## **TO THE PATIENT:**

You have been directly referred for a colonoscopy by your physician. Your physician will forward this form to the doctor who will perform your colonoscopy (an endoscopist) and will give you their contact information. Call the endoscopist's office to schedule your colonoscopy and to receive instructions about (1) how to take bowel preparation medication prior to the procedure; (2) how to adjust your diet prior to the colonoscopy; (3) how to adjust your medications prior to the colonoscopy.

## **TO THE REFERRING PHYSICIAN:**

### **Where to Directly Refer Patients for Colonoscopy in NYC:**

The New York Society for Gastrointestinal Endoscopy (NYSGE) maintains a list of physicians that accept direct referrals for colonoscopy on their website: <http://www.nysge.org>.<sup>\*</sup> For more information, contact them at (212) 777-5176.

*(\*Note: This link is provided for informational purposes only; DOH does not recommend any doctor listed on NYSGE's website; NYSGE's list is entirely generated by NYSGE and does not include the names of all qualified specialists, but rather is a source, amongst many, covering doctors specializing in a particular area.)*

In addition to the office-based practices noted above, a number of hospitals in New York City accept direct referrals for colonoscopy. To access a list of hospitals that accept direct referrals for colonoscopy, go to: [www.nyc.gov/directreferral](http://www.nyc.gov/directreferral).

### **RESOURCES FOR UNINSURED AND UNDERINSURED PATIENTS:**

311 is an important resource for patients seeking information about hospitals that provide colonoscopies, including patients who are not yet covered in a health insurance plan.