General Referral for Colonoscopy

From: ______________________

Address: ______________________

____

Phone: ______________________

Fax: ______________________

To: ______________________

Address: ______________________

____

Phone: ______________________

Fax: ______________________

Patient: ______________________

DOB: ______________________

Phone #: Home ______________________

Work ______________________

Contact Person (if not Patient)

Name: ______________________

Phone #: Home ______________________

Work ______________________

Insurance Carrier: ______________________

Policy ID #: ______________________

Plan Authorization #: ______________________

Request for: ( ) **Colonoscopy Procedure**
( ) **Consultation ONLY**

Reasons for Consultation: (check all that apply)

____ History of colon or rectal cancer or polyps

____ Family history of colon or rectal cancer or polyps

____ History of Crohn's disease or ulcerative colitis

____ Any of the following: abdominal pain, cramps, rectal bleeding, diarrhea, constipation, change in usual bowel habits, loss of appetite, unexplained weight loss, nausea, vomiting, or black stool

____ Other gastrointestinal disorder (specify below)

____

____ Relevant history:
- ❏ Prosthetic heart valve
- ❏ Hypertension
- ❏ Heart disease
- ❏ Class III or IV heart failure
- ❏ Diabetes
- ❏ Emphysema
- ❏ Other severe pulmonary disease

____ Other significant comorbidity (specify below)

____

____ Patient on Coumadin or anti-platelet therapy

____ History of adverse reaction to sedation or anesthesia

______________________ ______________________

Date of Referral **Signature of Referring MD**

To Referring Physician:

The above patient has been scheduled for a *(circle one)* consultation colonoscopy. This appointment is scheduled with

Dr. ______________________ on ____________ at ____________ AM/PM
Name *Date* *Time*

at ______________________
Location

You can contact this physician at ______________________
Phone

NYC Health
THE NEW YORK CITY DEPARTMENT of HEALTH and MENTAL HYGIENE
nyc.gov/health

TAKE CARE NEW YORK
Colonoscopy: A Key Step to a Healthier New York

10.05