

## Direct Referral For Screening Colonoscopy

**Physicians:** Fill out this form to determine if your patient is a good candidate for direct referral for colonoscopy.

For patients who **are good candidates**:

1. Fax this form to a participating endoscopist (see reverse for referral sites).
2. Provide patient with a copy of this form and the endoscopist's contact information.
3. Instruct patient to call the referral site to schedule their procedure and to receive bowel preparation instructions.

Refer patients who **are not good candidates** to a GI specialist for assessment prior to colonoscopy.

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

**Reason for procedure:**

- Asymptomatic person age 45\* years and older
- Asymptomatic person with positive stool-based screening test
- 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: \_\_\_\_\_  
 Patient BMI: \_\_\_\_\_  
 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:
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 complications?			
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 a morning appointment. Advise patient on how much and when to take their diabetes medications 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><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>
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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 by your physician (health care provider) for a colonoscopy. Your provider will forward this form to the doctor who will perform your colonoscopy (an endoscopist) and 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 before the colonoscopy
2. How to adjust your diet before the colonoscopy
3. How to adjust your medications before the colonoscopy

## RESOURCES FOR UNINSURED AND UNDERINSURED PATIENTS:

If you do not have health insurance or if your current health insurance plan does not cover a screening colonoscopy, call **311** and ask about how to find a low-cost screening.

### \*PAYMENT:

Most insurance plans including Medicaid and Medicare cover colon cancer screenings starting at age 50. If you are between ages 45 and 49, coverage for screening varies. Consult with your provider about your colon cancer risk and with your insurance plan about coverage before your screening test. If you do not have insurance, you may be eligible for [low-cost or no-cost coverage](#). You can also get free [in-person assistance](#) when signing up for a plan. Call **311** or text "CoveredNYC" to 877877.