

## Direct Referral For Screening Colonoscopy

**Physician:** 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.

### Patient Information or Label:

Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Patient BMI: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Mobile: \_\_\_\_\_  
 Insurance provider: \_\_\_\_\_  
 Policy ID#: \_\_\_\_\_

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

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

Reason for procedure:

- |   |  |
|---|--|
| <input type="checkbox"/> Asymptomatic person age 50 years and older                   | <input type="checkbox"/> Asymptomatic person at high risk  |
| <input type="checkbox"/> Asymptomatic person with positive stool-based screening test | <input type="checkbox"/> First degree relative with colon cancer or adenomatous polyps                               |
|   | <input type="checkbox"/> Personal history of colon cancer or adenomatous polyps<br>(Most recent exam: ___/___/_____) |

**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: \_\_\_\_\_  
 \_\_\_\_\_

**Please list all medications and OTC supplements below (attach additional sheets as necessary):**

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_  
 Medication: \_\_\_\_\_ Dose: \_\_\_\_\_  
 Medication: \_\_\_\_\_ Dose: \_\_\_\_\_  
 Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

**Please note any other relevant medical/surgical history:**

Abdominal/pelvic surgery  
 Abdominal pelvic radiation  
 Other, please list: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 before the colonoscopy
2. How to adjust your diet before the colonoscopy
3. How to adjust your medications before the colonoscopy.

## **TO THE REFERRING PHYSICIAN:**

### **Where to Directly Refer Patients for Colonoscopy in New York City:**

For the New York Society for Gastrointestinal Endoscopy's (NYSGE) list of physicians that accept direct referrals for colonoscopy, visit [nysge.org](http://nysge.org).

Note: This link is provided for informational purposes only. The New York City Health Department does not recommend any doctor listed on NYSGE's website. This list does not include the names of all qualified specialists.

For a list of New York City hospitals that accept direct referrals for colonoscopy, visit [nyc.gov/directreferral](http://nyc.gov/directreferral).

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

If you do not have health insurance or if your current health insurance plan does not cover colonoscopies, call 311.

