



ENDOSCOPY SCHEDULING INFORMATION

830 Harrison Ave 2nd Floor, Moakley Pavilion

Fax: 617-638-6756

Phone: 617-414-2600 Option #1 Scheduling

www.bmc.org/digestivedisorders

REFERAL GENERAL QUESTIONS

Patient Name: _____

Patient Phone #: _____

Patient Address: _____

Insurance Provider: _____ Insurance #: _____ PCP: _____

Interpreter Services Needed? No Yes/Language: _____

Preferred procedure physician _____ if blank patient will be scheduled with first available

Was a Prep Given: NO YES

Date of Request: _____

Medical Record Number: _____

Date of Birth: _____ Sex: M F

PROCEDURE REQUESTED AND INDICATIONS

Urgent Colonoscopy

Hematochezia Guaiac Positive Inflammatory Bowel Disease Iron Deficiency Anemia (EGD will also be done if the colonoscopy is negative) Provide supporting labs: Hgb/Hct: _____ Ferritin: _____ Fe/TIBC: _____ date of labs: _____

Colon Cancer Screening

Personal History: Polyp Follow-up Personal History: Cancer Follow-up Family History
 Average Risk (Patients should check with their insurance provider regarding coverage for this procedure)

EGD (Upper Endoscopy)

Dysphagia GERD Nausea/Vomiting Hematemesis Dyspepsia

Other Endoscopy/Colonoscopy procedure needed: _____

MEDICATIONS/ALLERGIES/ANESTHESIA PREP QUESTIONS

Does patient have? :

- Diabetes NO YES
- Sleep Apnea NO YES
- Pacemaker NO YES → If YES, is patient pacemaker dependent? NO YES
- AICD NO YES
- Morbid Obesity NO YES
- Renal Failure NO YES
- Anxiety or Failed in past with sedation NO YES
- History of Opiate Use/Alcohol Use NO YES
- Recent heart attack or stroke NO YES

Is patient taking any of the following? (If so, GI will contact PCP and patient to discuss management)

Anticoagulants: Coumadin (warfarin), heparin, Fragmin (dalteparin), Lovenox (enoxaparin), Arixtra (fondaparinux), Pradaxa (dabigatran), Xarelto (rivaroxaban), Eliquis (apixaban), Desirudin (iprivask).

Antiplatelet medications: Plavix (clopidogrel), Ticlid (ticlopidine), Effient (prasugrel), Brilinta (ticagrelor), Pletal (Cilostazol)

Has patient been instructed to stop coumadin 3-5 days prior to procedure? NO YES NA

Drug Allergies? NO YES: _____

Referring Physicians name (PLEASE PRINT): _____

Beeper number: _____ Office (tel): _____ FAX #: _____