

ENDOSCOPY SCHEDULING INFORMATION

830 Harrison Ave 2nd Floor, Moakley Pavilion

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www.bmc.org/digestivedisorders



REFERRAL GENERAL QUESTIONS

Name of Referring Provider: _____

Date of Request: _____

Patient Name: _____

Medical Record Number: _____

Patient Phone #: _____

Date of Birth: _____ Sex: ☐ M ☐ F

Admit prior to procedure and how many days: _____

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

PROCEDURE REQUESTED AND INDICATIONS

Indications for Colonoscopy

- ☐ Screening, average risk ☐ Screening, high risk (Family history of CRC, inherited cancer syndrome, longstanding IBD, etc.)
☐ Surveillance (history of premalignant polyps or colon cancer) ☐ Chronic diarrhea ☐ Inflammatory bowel disease assessment/surveillance
☐ Positive stool based screening (e.g. FIT, Cologuard) ☐ Iron deficiency anemia ☐ Hematochezia/rectal bleeding ☐ Alteration in bowel habits
☐ Abnormal lower GI tract imaging ☐ Resection of polyp/lesion

EGD (Upper Endoscopy)

- ☐ Dysphagia ☐ GERD ☐ Nausea/Vomiting ☐ Hematemesis ☐ Dyspepsia ☐ Resection of polyp/lesion ☐ Abnormal upper GI imaging
☐ Odynophagia ☐ Feeding tube placement ☐ Eosinophilic esophagitis ☐ Varices screening/surveillance ☐ Celiac screening/surveillance
☐ Barrett's screening/surveillance ☐ Barrett's ablation therapy ☐ Surveillance of premalignant gastric conditions (intestinal metaplasia or atrophic gastritis) ☐ Iron deficiency anemia ☐ Inherited cancer syndrome (FAP, Lynch, Hereditary Diffuse Gastric Cancer, etc.)
☐ Foreign body/food impaction ☐ Upper GI bleeding ☐ Unexplained weight loss ☐ Persistent vomiting ☐ Resection of polyp/lesion ☐ Achalasia treatment/POEM ☐ Feeding tube placement

Other Endoscopy/Colonoscopy procedure needed: _____

MEDICATIONS / ALLERGIES / ANESTHESIA PREP QUESTIONS

Does patient have?:

- | | | |
|--|-----------------------------|--|
| Sleep Apnea | ☐ NO | ☐ YES |
| Moderate to Severe Cardiovascular Disease | ☐ NO | ☐ YES |
| Moderate to Severe Pulmonary Disease | ☐ NO | ☐ YES |
| Pacemaker | ☐ NO | ☐ YES ☐ If YES, is patient pacemaker dependent? ☐ NO ☐ YES |
| AICD | ☐ NO | ☐ YES |
| Morbid Obesity | ☐ NO | ☐ YES |
| Anxiety or Failed in past with sedation | ☐ NO | ☐ YES |
| History of Opiate Use/Alcohol Use | ☐ NO | ☐ YES |
| Heart attack or stroke within the last 6 months | ☐ NO | ☐ YES |
| History of Peritoneal Dialysis | ☐ NO | ☐ YES |
| History of Opiate, Alcohol, Marijuana, Suboxone/Methadone, Benzodiazepine use | ☐ NO | ☐ YES |
| History of Peritoneal Dialysis | ☐ NO | ☐ YES |
| Prior inadequate sedation or anesthesia complications | ☐ NO | ☐ YES |
| Difficult airway, anticipated difficult airway, anticipated aspiration risk, or inability to protect airway, Hx Tracheostomy | ☐ NO | ☐ YES |
| Neurologic/developmental condition preventing cooperation | ☐ NO | ☐ YES |

Is patient on anticoagulation or dual antiplatelet therapy? ☐ NO ☐ YES

Can patient safely discontinue anticoagulation/antiplatelet therapy prior to procedure? (1-2 days for DOACs, 3-5 days for coumadin, 5-7 days for antiplatelet medications besides aspirin). ☐ NO ☐ YES ☐ NA

Drug Allergies? ☐ NO ☐ YES: _____

Is patient taking a GLP-1 medication? ☐ NO ☐ YES, Weekly ☐ YES, Daily

Is patient taking an SLGT2 inhibitor? ☐ NO ☐ YES: _____

Referring Physician's name (PLEASE PRINT): _____

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