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: _____/_____/_____

Patient Information or Label:

Name: _____

DOB: _____

Patient BMI: _____

Address: _____

_____

Phone: _____

Mobile: _____

Insurance Carrier: _____

Policy ID#: _____

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: _____/_____/_____)

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 by your health care provider for a colonoscopy. Your provider will forward this form to the specialist 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

Payment:

Most insurance plans, including Medicaid and Medicare, cover colon cancer screenings. However, coverage can vary. Check with your health care provider and insurer about coverage before your screening test.

Resources For Uninsured and Underinsured Patients:

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

If you do not have health insurance, you may be eligible for low- or no-cost coverage. Call **311** for free enrollment assistance.

NYC Health

New York Citywide Colon Cancer Control Coalition