GASTROENTEROLOGY ASSOCIATES

Consultative Gastroenterology and Hepatology *Diagnostic and Therapeutic Endoscopy*

Open Access Endoscopy Referral Form

Date _____ Pt called _____ Dr. called _____

Referring Physician_____Tel#_____ Fax#_____

PCP Name (if different)_____Tel#_____Fax#_____

Patient Name _____ DOB _____

Patient Phone: Work_____ Home_____

Address _____Soc Sec#_____

City _____ State_____ Zip_____

Insurance Information: ***Please Fax Insurance Card***

Primary Carrier_____

Secondary Carrier_____

Exclusion Criteria (Must be seen in office for consultation first if any of these apply)

___ Age >70 ___ COPD requiring O2 ___ Platelets <100K

___ MI or CVA < 6 mos ago ___ Artificial Heart Valve(s)

Medication Concerns

Coumadin: Indication _____. ***OK to stop 4 days prior?*** Y N

Antiplatelet Agents (Plavix, Aggrenox, Trental, ASA, similar). ***OK to stop 7 days prior?*** Y N

Procedure Requested

Colonoscopy

__ Average risk: Age 50 or older, no family history of colon cancer/polyps

__ Above average risk: Family history of colon cancer or adenomatous colon polyp

__ Personal History of colon cancer or polyps (***last colonoscopy date*** _____)

EGD for Barrett's Esophagus screening, chronic reflux without difficulty swallowing

Flexible Sigmoidoscopy

__ Average risk: Age >50, no family history of colon cancer/polyps, ***colonoscopy not desired by patient***

Physician Desired

East Office

No preference

Dr. David Bash

Dr. David Hollander

Dr. Joseph Henderson

Fax to (317) 355-1155

Phone (317) 355-1144

North Office

No preference

Dr. Eldred MacDonell

Dr. Steve Carlson

Dr. Dan Ciaccia

Dr. Matt Harrison

Fax to (317) 578-6474

Phone (317) 578-2600