

SCREENING COLONOSCOPY CHECK LIST for COLORECTAL CANCER SCREENING

DIGESTIVE DISEASE SPECIALISTS
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Tel: 928-445-4066 Fax: 928-445-4345

Referring Physician: _____ **Date** _____
Please complete and fax this form along with any pertinent information to our office.

Patient Information	First	Last
Patient Name:		
Date of Birth		
Home Telephone Number		
Cell phone Number		
Primary Insurance:		
Secondary Insurance:		
Authorization Number (if needed)		

Physician Questionnaire:

- Is this a routine screening exam in an otherwise asymptomatic individual?
 - Yes
 - No (**STOP**. The patient should be referred for consultation prior to the procedure.)
- When was your patient's last screening sigmoidoscopy?
 - Has never had one.
 - Less than 4 years ago. (**STOP**. Medicare does not approve screening colonoscopy if the patient has had a sigmoidoscopy within the past four years.)
 - Four years ago or more.
- Has your patient ever had a screening colonoscopy?
 - Yes, greater than 10 years ago.
 - Yes, less than 10 years ago. (**STOP**. Medicare does not approve screening colonoscopy if the patient has had a colonoscopy in the past 10 years.)
 - No
- Has your patient ever had a cancer of the colon or rectum?
 - Yes (**STOP**. The patient should be referred for a consult prior to the procedure.)
 - No
- Has your patient ever had a benign polyp removed from his/her colon or rectum?
 - Yes (please attach last colonoscopy + pathology reports or refer for a GI consult.)
 - No
- Is you patient on Warfarin, Plavix, Xarelto, Pradaxa, Eliquis, Savaysa, Arixtra, Angiomax or similar medication?
 - Yes. (**STOP**. The patient should be referred for consultation prior to the colonoscopy.)
 - No.
- Does your patient have a prosthetic heart valve or history of endocarditis?
 - Yes. Prophylactic antibiotics may need to be given prior to the procedure. (prophylactic antibiotics are not recommended for patients with prosthetic joints or mitral valve prolapse.)
 - No.
- Does your patient have any significant kidney, liver or heart disease?
 - Yes. Please refer for office consultation.
 - No.