Fill in or paste UTMB label

ENDOSCOPY REFERRAL FORM

PATIENT INFORMATION

Date:

Name:
UH #:
DOB:
Address:

Referring MD: Dr._____
Telephone #:
Fax #:
Email:

Telephone # : Home: _____ Work: _____

PROCEDURE *(please circle one):* **A) Colonoscopy** **B) EGD** **C) EUS/EGD** **D) EUS/Rectal**

INDICATION FOR EXAM *(please circle):* **A) Colon cancer screening** **B) Others – please specify: _____**
_____

PERTINENT HISTORY *(please describe):* _____

All of the following must be answered to assist us in scheduling the patient ASAP

Yes	No	Is the patient able to walk, talk and give his/her own consent?
Yes	No	The patient was notified that a responsible adult must accompany him at the time of discharge.
Yes	No	I have advised the patient to hold iron for 7 days before the colonoscopy.
Yes	No	Is the patient on anticoagulation? If yes, please describe the plans made regarding anticoagulation prior to the endoscopy and call us to discuss._____
Yes	No	Are antibiotics necessary? (For prosthetic valves, vascular grafts, or history of infective endocarditis)
Yes	No	Is the patient on insulin for diabetes? If yes, I recommended appropriate adjustment of the insulin dose prior to the procedure.
Yes	No	Allergies (please list):
Yes	No	Medications (list or fax):
Yes	No	Does the patient have: (please circle all that apply) - CHF Cirrhosis CRF Severe HTN DM COPD

Direct endoscopy requests must be faxed to (409) 772-ENDO (3636) and please have the patient call (409) 772-3637.

FINANCIAL INFORMATION TO BE COMPLETED BY UTMB FINANCIAL PLANNING OFFICE:

Ins.Co_____ Elig.Phone #_____ Spoke To_____ Eff.Date_____

Policy Holder_____ ID/Policy #_____ Group #_____

Co-pay: $_____ Deductible: $_____ Met_____ Ins pays_____% Out of Pocket_____ Life_____

Plan type_____ Eff_____ PCP_____ PCP Phone #_____

Claims:_____

Precert Phone #_____ Spoke to_____

Authorization #_____ Expires_____

Authorization obtained by_____ Date_____

Case #_____

To be filled out by the UTMB GI Endoscopy Unit:

Scheduled date: _____/_____/_____ Time : _____ Scheduled by : _____

Informed the patient / referring MD (circle) / comment: