

NAME (LAST) _____ (FIRST) _____

DATE OF BIRTH _____

UVMHC MRN (OFFICE USE ONLY) _____

ENDOSCOPY REQUEST FORM

Please send or fax the following in addition to this request form:

- Copy of most recent clinic notes relating to indication for this procedure or in Prism.
- Current medication list and updated problem list.
- Any previous Endoscopy reports performed at non-UVM Medical Center facility.

PLEASE PROVIDE THE FOLLOWING INFORMATION AS THIS WILL EXPEDITE THE BOOKING PROCESS.

***** PLEASE FILL OUT ALL SECTIONS. THANK YOU.*****

Today's Date: _____	Referring Physician: _____
Patient's phone #'s (H) _____ (C) _____ (W) _____	Point of contact: _____
	Office phone #: _____

<u>Requested Procedure</u>	
<input type="radio"/> Colonoscopy	<input type="radio"/> EGD
<input type="radio"/> Other _____	
Time Frame: <input type="radio"/> Routine <input type="radio"/> Urgent <input type="radio"/> Emergent	
Clinical Indication: _____	
Gastroenterologist Preference or any? _____	

Patient's Medical History:

Anesthesia support may be necessary if any of these indications apply (please check "Yes or No" for all):		
<u>YES</u>	<u>NO</u>	
		Severe cardiac or pulmonary disease?
		Is patient on chronic narcotic or anxiety medication? If so, _____
		Active chemical dependency (alcohol or illicit drugs)? If so, _____
		Use of MOA inhibitor?
		Anxiety, difficult with sedation or required anesthesia in the past?
		Other (please describe): _____
Other medical conditions we should be aware of:		
		Is patient taking aspirin, Plavix, Warfarin, NSAIDS, ACE inhibitors, ARBs, diuretics?
		Is there a history of CHF, chronic renal failure, or dialysis?
		Does patient have a pacemaker?
		Is this patient diabetic?
		Special needs? Is yes, what? _____

Signature of requesting provider: _____ Date: _____

Print name and credentials of requesting provider: _____

*Preparation disclaimer: The incidence of Acute Nephropathy with Sodium Phosphate preps is low in the general population. Higher risk is seen in the elderly, and in patients taking ACE inhibitors, ARBs, NSAIDS, diuretics or when patient alters dosing and re-hydration instructions. Please contact our office if you have concerns about your patient's risk regarding the use of Sodium Phosphate for colon preparation.

Please complete and return to our office by fax or mail. Fax: 802-847-0347. If questions, call 802-847-8865

Address: UVM Medical Center Gastroenterology, 111 Colchester Ave., MP-5, Burlington, Vermont 05401

Department of Gastroenterology & Hepatology

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