

NAME _____	
REG NO _____	
DOB _____	
Referring Physician (or see label)	UM Dr # _____
Referring Clinic / Location (or see label)	Date _____

PROCEDURE	PREFERRED SITE
<input type="checkbox"/> Colonoscopy (Mark prep choice below.)	<input type="checkbox"/> No Preference
<input type="checkbox"/> EGD (Upper Endoscopy)	<input type="checkbox"/> MPU – UM Hospital
<input type="checkbox"/> Sigmoidoscopy	<input type="checkbox"/> MPC – East Ann Arbor
	<input type="checkbox"/> Livonia Surgery Center
PREFERRED ENDOSCOPIST (optional) _____	
PATIENT'S INSURANCE _____	

INDICATIONS

<p>COLONOSCOPY</p> <input type="checkbox"/> Colon cancer screening: - Average risk man or woman – start age 50, Q10yrs - 1st degree relative colon CA or polyps age ≥60 – start age 40, Q10yrs - 1st degree relative age <60 – start earlier if: (a) age 40 (b) youngest relative, age – 10, Q5yrs - Two or more 1st degree relatives affected – start age 40, Q5yrs - HNPCC or FAP – genetic counseling & special screening	<p>EGD (Upper endoscopy)</p> <input type="checkbox"/> Persistent GERD symptoms <input type="checkbox"/> Persistent dyspepsia <input type="checkbox"/> Dysphagia <input type="checkbox"/> Nausea / vomiting <input type="checkbox"/> Unexplained iron deficiency <input type="checkbox"/> R/O or F/U Barrett's <input type="checkbox"/> Unexplained weight loss
<input type="checkbox"/> Colon polyp/cancer surveillance: - Advanced adenomas or ≥3 adenomas – Q3yrs - 1 or 2 small (<1 cm) adenomas – Q5yrs - Personal h/o colorectal cancer – Q3 yrs, then Q5 yrs if normal	<p>SIGMOIDOSCOPY</p> <input type="checkbox"/> Rectal bleeding <input type="checkbox"/> Rectal pain or tenesmus <input type="checkbox"/> Fecal incontinence <input type="checkbox"/> Unexplained diarrhea <input type="checkbox"/> Colon cancer screen <small>(if insurance does not cover colonoscopy &/or patient prefers sigmoidoscopy)</small>
<input type="checkbox"/> Bleeding: Unexplained iron deficiency, fecal occult blood, or rectal bleeding <input type="checkbox"/> Diarrhea: Chronic (>3 wks) <input type="checkbox"/> IBD: Ulcerative pancolitis or UC left-sided >15 yrs or Crohn's >8 yrs – Q1–2 yrs <input type="checkbox"/> Unexplained weight loss	

EXCLUSIONS

EXCLUSION(s) PRESENT? Refer patient to GI Clinic (734-647-5944) or contact endoscopist by e-mail or phone.

<input type="checkbox"/> Age >80 years	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> MI/Angina/severe CHF w/in 6 mo
<input type="checkbox"/> BMI >40	<input type="checkbox"/> Artificial heart valve	<input type="checkbox"/> Treatment with warfarin [Coumadin]**
<input type="checkbox"/> COPD with FEV1 <1.0	<input type="checkbox"/> Anesthesia assistance needed	<input type="checkbox"/> Coagulopathy, hereditary hemorrhagic disorder, etc. [INR >1.5 &/or Plts <75K]
<input type="checkbox"/> Anemia with HCT <20%	<input type="checkbox"/> Unable to provide consent	
<input type="checkbox"/> Chronic high-dose narcotic use	<input type="checkbox"/> Suboxone	

EXCEPTION TO WARFARIN EXCLUSION**

 The referring provider will manage discontinuation of warfarin ± bridging Lovenox.

REVIEWED.
NO
EXCLUSIONS
PRESENT.

Provider Initials

MISC

<input type="checkbox"/> _____	<input type="checkbox"/> Taking clopidogrel [Plavix/clopidogene, Ticlid]? Pick one of the following: ___ Stop taking clopidogrel 1 week prior to test. ___ Continue clopidogrel.
<input type="checkbox"/> Patient has diabetes	<input type="checkbox"/> Patient has ICD? ICD must be turned off/on in MPU peri-procedure.
<input type="checkbox"/> Other concerns? _____	ICD manufacturer _____

COLONOSCOPY PREPS

<input type="checkbox"/> PEG solution* 4 L PEG 3350 w/ electrolytes: no sulfate (NuLYTELY, TriLyte) or standard (Colyte, GoLYTELY, generic) <input type="checkbox"/> PEG & Gatorade PEG 3350 (e.g., Miralax, Glycolax) in Gatorade + 2 bisacodyl tabs [hyperosmolar, avoid in renal insufficiency] <input type="checkbox"/> Suprep* Sulfate-based prep (3 L water) <input type="checkbox"/> MoviPrep* 2 L PEG w/ electrolytes & citrate solution + 1 L water <input type="checkbox"/> OsmoPrep* 32 pills phospho-soda + 2 quarts water. See box at right. <input type="checkbox"/> 2-day prep* 2 days before, Miralax; then, 4 L PEG solution [for pt with past poor prep &/or chronic constipation]	<p>Prep information is also available online: http://www.med.umich.edu/1libr/aha .../umcolon.htm (Colon) .../umegd.htm (EGD) .../umsigmoid.htm (Flex sig)</p> <p>NOTE: Patients with significant CHF, liver disease, any renal disease should have a 4 L electrolyte solution prep, which is iso-osmolar, not the PEG 3350, which is hyper-osmolar. The risk of dehydration & renal damage from phospho-soda or sulfate preps is increased if a patient takes medication that impairs renal blood flow (e.g., ACE inhibitor, angiotensin receptor blocker, diuretic, NSAID).</p>
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* Requires prescription from the referring physician.

TO SCHEDULE: Send completed form to CareWeb Imaged Docs. (FAX with cover sheet to MIS 734-936-6647).
Non-U of M offices: FAX completed form to 734-615-2514. Then, phone the Endoscopy Call Center at 734-936-9250 option #1.

NOTE: PATIENT MUST BE ACCOMPANIED BY A RESPONSIBLE ESCORT WHO IS ≥18 YRS OLD & ABLE TO DRIVE. PATIENT MUST NOT DRIVE FOR AT LEAST 12 HOURS AFTER A PROCEDURE USING SEDATION.