Michigan Medicine
DIRECT ACCESS ENDOSCOPY REFERRAL FORM
Colonoscopy • EGD (Upper Endoscopy) • Sigmoidoscopy
Telephone: 877-758-2626  Fax: 734-615-2514

PROCEDURE
☐ Colonoscopy (Mark prep choice below)
☐ EGD (Upper Endoscopy)
☐ Sigmoidoscopy

PREFERRED SITE
☐ No Preference
☐ MPU – UM Hospital
☐ MPC – East Ann Arbor
☐ Livonia Surgery Center
☐ NHC – Northville Health Center

PREFERRED ENDOSCOPIST (optional) ________________

COLONOSCOPY
☐ 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
  - Two or more 1st degree relatives with colon cancer – start age 40, Q5yrs
  - HNPCC or FAP – genetic counseling & special screening
☐ Colon poly/cancer surveillance:
  - Advanced adenomas or ≥3 adenomas – Q3yrs, then Q5yrs if normal
  - 1 or 2 small (<1 cm) adenomas – Q5yrs
  - Personal h/o colorectal cancer – Q3 yrs, then Q5 yrs if normal
☐ Bleeding: Unexplained iron deficiency, rectal bleeding, or positive fecal
  immunochemical test (FIT)
☐ Diarrhea: Chronic (>3 wks)
☐ IBD: Ulcerative pancolitis or UC left-sided >15 yrs or Crohn's >8 yrs – Q1–2 yrs
☐ Unexplained weight loss

EGD (Upper Endoscopy)
☐ Persistent GERD symptoms
☐ Persistent dyspepsia
☐ Dysphagia
☐ Nausea / vomiting
☐ Unexplained iron deficiency
☐ R/O or F/U Barrett's
☐ Unexplained weight loss

SIGMOIDOSCOPY
☐ Rectal bleeding
☐ Rectal pain or tenesmus
☐ Fecal incontinence
☐ Unexplained diarrhea
☐ Colon cancer screen
  (if insurance does not cover colonoscopy &/or patient prefers sigmoidoscopy)

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

☐ Age >80 years ⊕
☐ BMI >50
☐ COPD with FEV1 <1.0
☐ Anemia with HCT <18%
☐ Pregnancy
☐ Unable to provide consent
☐ MI/Angina/severe CHF w/in 6 mo
☐ Treatment with any anticoagulant**
☐ Coagulopathy, hereditary hemorrhagic disorder, etc. [INR >1.5 &/or Plts <75K]

EXCEPTIONS TO THE EXCLUSIONS
☐ **The referring provider will manage discontinuation or bridging of the anticoagulant.
☐ Chronic high-dose narcotic or suboxone use (order with anesthesia support at Livonia or MPC if no other serious comorbidities).

PEG-EL* 4 liters PEG 3350 w/ electrolytes: no sulfate (NuLYTELY, TriLyte) or standard (Colyte, GoLYTELY, generic)
☐ Suprep* Sulfate-based prep (3 liters water)
☐ MoviPrep* 2 liters PEG w/ electrolytes & citrate solution + 1 liter water
☐ OsmoPrep* 32 pills phospho-soda + 2 quarts water. See box at right.
☐ 2-day prep* 6 liters PEG solution: start prep earlier [for pt with past poor prep &/or chronic constipation]
☐ 8-liter prep* 8 liters PEG solution: 2 days before drink 2 liters; day before drink 2 liters in am, 2 liters in pm; day of drink 2 liters 6 hours prior

NOTE: The risk of dehydration and renal damage from phospho-soda or sulfate preps is increased if a patient takes medication that impair renal blood flow (e.g., ACE inhibitor, angiotensin receptor blocker, diuretic, NSAID).

Prep information is also available online:
http://www.med.umich.edu/1libr/aha/umcolon.htm (colonoscopy)
http://www.med.umich.edu/1libr/aha/umegd.htm (EGD)
http://www.med.umich.edu/1libr/aha/umsigmoid.htm (flexible sigmoidoscopy)

TO SCHEDULE:  FAX the completed form to (734) 615-2514. We will contact the patient.  QUESTIONS: 877-758-2626