Michigan Medicine

DIRECT ACCESS ENDOSCOPY REFERRAL FORM

Colonoscopy • EGD (Upper Endoscopy) • Sigmoidoscopy

Telephone: 877-758-2626 **Fax:** 734-615-2514

NAME

MRN

DOB

Referring Physician (or see label)	Phone # Fax #
Referring Clinic / Location (or see label)	Date

PROCEDURE

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

PREFERRED SITE

- ☐ No Preference
- ☐ MPU – UM Hospital
- ☐ MPC – East Ann Arbor
- ☐ BCSC - Brighton Center
- ☐ NHC – Northville Health Center

PREFERRED ENDOSCOPIST (optional) _____

INDICATIONS

COLONOSCOPY

- ☐ Colon cancer screening:
  - Average risk man or woman – start age 50, Q10yrs
- ☐ Family History of Colon Polyps/Colon Cancer
  - 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
- ☐ Personal History of Colon Polyps:
  - 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
- ☐ Other: _____

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)

EXCLUSIONS

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]

REVIEWED. NO EXCLUSIONS PRESENT.

_____

Ordering Provider Initials

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).

COLONOSCOPY PREPS

☐ **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

* Requires prescription from the referring physician.

Prep information is also available online:

https://pteducation.med.umich.edu/MPU

NOTE: *The risk of dehydration and 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).*

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

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.**