

Colonoscopy Open Access Form

Referral Information:

Requesting Physician: _____ Specialty: _____ PCP (Name): _____
Office Contact: _____ Phone: _____ Fax: _____

Patient Information:

Patient Name: _____ Date of Birth: __/__/_____
Best Contact Number: _____ Gender: Male Female
Height: _____ Weight: _____ Current Medications: _____

Patient – Please select Yes or No to the following questions:

Y / N

- Have you had a previous colonoscopy? If yes, which year(s) _____
If yes, did you have polyps Y / N
- Any family history of colon cancer in any first degree relation (mother, father, or sibling)?
If yes, then in whom and at what age _____
- Had a heart attack, cardiac, or vascular stent placement within the last year
- Had a stroke within the last year
- Had intestinal surgery within the last 3 months
- Have been admitted into the hospital in the last 3 months
- Have a bleeding disorder, or are anemic. If yes, please specify _____
- Have diarrhea (3 or more watery bowel movements a day)
- Have blood in your stool and for how long: _____
- Are you on a blood thinner (anticoagulant or antiplatelet agent)?
If yes, please specify the medication and when you started it: _____

Please return this form along with pertinent records, including last office visit, medication list, last colonoscopy, imaging and current insurance information to fax number (480) 542-7500.

Information on Colon Cancer Screening: Colon cancer is the 3rd leading cause of cancer in men and women respectively. Colon cancer affects 1 in 20 people. It is recommended that colon cancer screening starts at age 50 in average risk individuals. Patients at higher risk, who have a family history of colon cancer, start earlier. Patients with early stage cancer are often without symptoms. Early detection can lead to curative treatment. Colonoscopy is a method of colon cancer screening in which a patient is sedated by an anesthesiologist, and a flexible lighted camera is used to exclude colon cancer and precancerous polyps. **This form is meant to schedule patients without symptoms directly for a colonoscopy.** If you qualify, you will meet your Gastroenterologist on the day of the procedure. We will contact you to schedule the appointment and go over the instructions to prepare for your colonoscopy. If there are medical concerns based on the questionnaire, we will contact you to schedule an office appointment. Your insurance will be notified for benefit verification prior to your colonoscopy.