



OPEN ACCESS SCREENING COLONOSCOPY 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

Patient – Please select Yes or No in answer to the following questions.

Yes / No

- Have you had a previous colonoscopy? If yes, which year(s) _____
If yes, did you have polyps Y / N
- Do you have a family history of colon cancer in any first degree relation (mother, father, or sibling)? If yes, them 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 so please specify the medication and when you started it _____

Institute:

Digestive Institute | Phoenix Downtown Campus

1441 N. 12th St., Phoenix, AZ 85006

Michael Fallon M.D. | Nayan Patel D.O. | Alberto Ramos M.D. | Anil Seetharam M.D. | Sushovan Guha M.D. Ph.D. | Rashmi Kumar, M.D. | Shivang Mehta, MD

Gastroenterology and Hepatology Scheduling Department: 602-521-5180

Please return the referral form along with pertinent records, including (last office visit, medication list, last colonoscopy, imaging) and current insurance information to fax number 602-521-5179 or phone number 602-521-5180 or an email to GIscreening@BannerHealth.com.

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 company will be notified or benefit verification prior to your colonoscopy.

If you have additional questions, have not heard from us, or to request additional order forms, please notify the department at either the phone number or email address provided. We look forward to serving your needs.

Thank you for your referral!