Center for Women's Gastrointestinal Medicine 146 West River Street • Providence, RI 02904

Phone: 401-793-7080 • Fax: 401-793-7988

## Colonoscopy - Endoscopy Booking Sheet

## Open Access Booking Fax to Attn: Open Access Booking Coordinator at 401-793-7988

Please check procedure(s) requested

| ☐ Colono   | scopy $\square$ Upper         | Endoscopy (EGD)             | ☐ EGD & Colonoscopy                              |
|--|-------------------------------|-----------------------------|--|
| REFERRAL TO: ☐ Silvia Degli Esposti, I                     | MD □ Colleen Kelly, MI        | O ☐ Amanda Pressman,        | MD □ Sarah Hyder, MD □ First Available           |
| PATIENT  |                               |                             | / DOB///   |
|  |                               |                             |  |
| PHONE Have   | 6.11                          |                             | W. d.  |
|  |                               |                             | Work   |
| May we leave a message stating the call                    | is from "Women's Medic        | cine Collaborative", "GI N  | ledicine" or "Dr's office"? $\Box$ Yes $\Box$ No |
| INSURANCE  |                               | ID#                         |  |
| REFERRING PROVIDER   | F                             | PHONE                       | FAX  |
| TRANSLATOR NEEDED? O No O Yes - Preferred Language: Spoken |                               |                             | Written  |
| MEDICATIONS (Name & Dose): (List)                          |                               |                             | ALLERGIES (List)                                 |
|  |                               |                             |  |
|  |                               |                             |  |
|  |                               |                             |  |
|  |                               |                             |  |
| Do you anticipate any issues with sedatio                  | on due to high anxiety, his   | tory of abuse, multiple psy | rchiatric meds or alcohol misuse?                |
| INDICATION (CHECK ALL THAT APPLY):                         | PLEASE FAX PROBLEM            | I LIST, OFFICE NOTES and    | or REPORTS.                                      |
| ☐ Asymptomatic Screening                                   |                               |                             |  |
| ☐ Hemoccult Positive Stool                                 |                               |                             |  |
| $\square$ Hematochezia without obvious pe                  | erianal source and age $\geq$ | 40                          |  |
| $\square$ Polyp(s) on screening sigmoidosco                | py or previous colonosco      | ру                          |  |
| $\square$ Family history of colon cancer in a              | first degree relative ≤ 7     | 5 years old                 |  |
| $\square$ Personal history of adenomas, colo               | on cancer or gynecologic      | cancer                      |  |
| $\square$ Iron deficiency anemia over 40 year              | ars of age (Can couple w      | ith an EGD)                 |  |
| ☐ Chronic heartburn  |                               |                             |  |
| ☐ Known Barrett's Esophagus survei                         | llance                        |                             |  |
| NOTES:   |                               |                             |  |