Central Bucks Specialists
Gastroenterology

OPEN ACCESS COLONOSCOPY - PATIENT INFORMATION

Phone: 215-345-6050 / FAX: 215-345-6568

Overview

Screening is a test for early diagnosis of common cancers before symptoms develop.

Colorectal cancer is the second leading cause of cancer related deaths a 5 - 6 percent lifetime risk.

The current recommendation for colon cancer screening by the American Cancer Society is a colonoscopy starting at the age of 50. Future examinations are planned based on the findings.

Open Access Colonoscopy allows healthy patients, without Exclusion Criteria, to receive a screening colonoscopy without an initial office vist.

Exclusion of…

- □ Anticoagulants (Blood Thinner) / Antiplatelets / Clotting diathesis
- □ Multiple or unstable co morbidities
  - o Unstable Cardiac Disease, Pacer/Defibrilator, Endocarditis, Recent MI
  - o O2 or steriod dependent pulmonary disease, sleep apnea or CPAP
  - o Renal Distress, Dialysis
  - o Neurologic disorders
- □ Extensive Abdominal Surgery
- □ GI bleeding, change in bowel movements, weight loss, bleeding
- □ Chronic narcotic use for pain control
- □ Insulin Dependent Diabetes
- □ Previous problems with Anesthesia
- □ Age > 80
- □ Overweight

To Initiate this process, please complete the Questionnaire and Registration forms and return by fax or mail to:

Central Bucks Specialists, Ltd.
Open Access
599 W State Street, Ste 200
Doylestown, PA 18901
or
Fax: 215-345-6568

Fax Only
VIA Affiliates
Open Access
Doylestown, PA 18901
Fax: 215-345-6568

Please allow two weeks for the paperwork to be processed.
Paperwork needs to be filled out in its entirety or it will not be processed.

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OPEN ACCESS - QUESTIONNAIRE **PATIENT FORM**

Patient Name:_____DOB:_____

Best Daytime Phone #:_____Cell #:_____Home#_____

Primary Care Physician:_____

GI Symptoms: *please check all that apply*

- ○ Poor Appetite
- ○ Weight loss
- ○ Difficulty swallowing
- ○ Heartburn
- ○ Bleeding
- ○ Nausea / vomiting
- ○ Abdominal pain
- ○ change in bowel pattern
- ○ Polyps / Diverticulosis
- ○ None

Height: _____

Weight: _____

Past Medical History: *please check all that apply*

- ○ Anemia
- ○ Cancer
- ○ Crohn's disease
- ○ Diverticulitis
- ○ Liver Disease / Hepatitis
- ○ Ulcerative colitis
- ○ Polyps
- ○ Lung problems
- ○ Sleep Apnea / CPAP use
- ○ Diabetes
- ○ Blood clotting problems
- ○ Heart problems
- ○ Hypertension
- ○ High Cholesterol
- ○ Kidney Disease
- ○ Seizure
- ○ Stroke
- ○ Endocarditis - need for antibiotics before procedure
- ○ DVT / PE
- ○ MRSA or VRE
- ○ TB (Tuberculosis)
- ○ None

Previous Procedure Information:

- ○ **Prior EGD / Colonoscopy** - Where:_____Procedure Date:_____
  - ○ List health issues since last colonoscopy:_____

Past Surgical History:

- ○ Gastric Bypass / Abdominal Surgery (*please explain below*)

Previous surgery's (general, orthopedic, etc): *please explain*

_____

_____

Medications: Please attach list of medications, vitamins and aspirin products or blood thinners:

- ○ aspirin or aspirin products
- ○ vitamins
- ○ Plavix
- ○ Xarelto
- ○ Other_____
- ○ Lovenox
- ○ coumadin (warfarin)
- ○ Pradaxa
- ○ NSAID (Celebrex, ibuprofen, naproxen, Toradol, Lodine, Indocin)
- ○ Eliquis
- ○ None

Please list all other medications:_____

Please List any Allergies:_____

Family Medical History: *please check if applies* Colon Cancer_____Polyps_____

Social History: *please check if applies* Alcohol_____Tobacco_____

Review of Symptoms:

- ○ Fever
- ○ Chest Pain
- ○ Bleeding Problems
- ○ Lightheadedness / Fainting
- ○ Breathing Difficulties
- ○ None

Physician Requested

- □ Dr. Robert Hale
- □ Dr. Joseph Minissale
- □ Dr. Louis Morsbach
- □ Dr. Alan Chang
- □ Dr. Sandhya Salguti
- □ Dr. Victor Araya
- □ Dr. Kiley Walp
- □ None

Please allow two weeks for the paperwork to be processed.
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OPEN ACCESS - REGISTRATION

PATIENT FORM

Referring (Ordering) Physicians:_____ Date:_____

Patient Name:_____ DOB:_____

Daytime Phone #:_____Cell #:_____

E-Mail_____

Address:_____

City:_____ State:_____ Zip:_____

Please Fax Insurance Card with Form (Front/Back)

Your Open Access Registration Form will NOT be processed unless the paperwork is completely filled out

AND

Accompanied by a copy of your current Insurance Card (Front and Back)

I authorize release of my medical information to the above named medical insurance company(ies) and their agents for the purpose of obtaining payment of services and determining insurance eligibility. I authorize payment of medical benefits to Central Bucks Specialists, Ltd. I understand that omitting or falsifying information about my health may lead to injury or could result in cancellation of my procedure.

_____

Signature of Patient Date

CONFIDENTIAL COMMUNICATION PERMISSION FORM

With the new HIPAA Laws in effect as of April 15, 2003, I hereby give my permission for the release of my medical information to the follow persons:

NAME: RELATIONSHIP:

_____

_____

_____

I do not wish any medical information to be released _____

Please Initial

I also give Central Bucks Specialists, Ltd. permission to leave a detailed message on an answering machine or with a family member: YES NO

_____ _____

Signature of Patient Date

Central Bucks Specialists, Ltd 599 W State Street Ste 200 Doylestown, PA 18901 fax:215-345-6568

Central Bucks Specialists
Gastroenterology

OPEN ACCESS COLONOSCOPY - PCP REFERRENCE ONLY (DO NOT FILL OUT)

Phone: 215-345-6050 / FAX: 215-933-0387

☐ Brief History and Physical

☐ Distribute Patient Questionnaire / Registration form - patient must complete and return to CBS

☐ Review…
- Colonoscopy Procedure - brief review
- Anesthesia - please advise patient they must have a ride home
- Bowel preps - Several available - may require drinking up to 4 liters
- Procedure and anesthesia - required to have a ride home

☐ Risks…
- Bleeding < 1%
- Reaction to medicine - Rare
- Perforation; < 1 in 3,000

☐ Exclusion of…
- Anticoagulants / Antiplatelets / Clotting diathesis
- Multiple or unstable co morbidities
  - Unstable Cardiac Disease, Pacer/Defibrilator, Endocarditis, Recent MI
  - O2 or steroid dependent pulmonary disease, sleep apnea or CPAP
  - Renal Distress, Dialysis
  - Neurologic disorders
  - Psychiatric disorders
- Extensive Abdominal Surgery
- GI bleeding, change in bowel movements, weight loss, bleeding
- Chronic narcotic use for pain control
- Previous problems with Anesthesia
- Age > 80, BMI > 35

Physician Requested -

□ Dr. Robert Hale
□ Dr. Joseph Minissale
□ Dr. Louis Morsbach
□ Dr. Alan Chang
□ Dr. Sandhya Salguti
□ Dr. Stanley Hsu
□ None