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ACCION
Against Colorectal Cancer In Our Neighborhoods

Colonoscopy Request Form

Instructions: Navigator call patient to get details, then fax to XXXX XXXXX at (XXX)-XXX-XXXX. XXXX will fax back to (XXX)-XXX-XXXX. Navigator will call pt with scheduled times and dates.

Name: _____

Date: _____

Patient DOB: _____

Patient Telephone: _____

Patient ACCION ID: _____

MR#_____

Have you ever been seen at UMC or Thomason? Y/N

Pick one   ___ **V76.51** Screening colonoscopy.
                ___ **792.1** FIT test positive

Please put a check mark by all that apply:

___**V16.0.**   Family history of colon cancer
___**V12.72**   Hx of Previous polyps
___**556.9**   Ulcerative Colitis
___**555.9**   Crohn's disease
___**V10.05**   History of Colorectal cancer
___   Other _____

Co-morbidities:

___High blood pressure   ___Diabetes Mellitus
___Chronic Bronchitis   ___Chronic Kidney Disease
___Coronary Artery Disease   ___Morbid Obesity
___Home Oxygen   ___Constipation
___Pacemaker

Current Medications:

Coumadin   ___No ___Yes reason for Coumadin: _____
Plavix   ___No ___Yes reason for Plavix: _____
Seizure medication   ___No ___Yes

Other:

Previous colonoscopy?   ___No ___Yes when: _____
Has the patient been seen in GI clinic?   ___No ___Yes when: _____
Does the patient agree to colonoscopy? ___No ___Yes

ACCION MD review: Date_____ Initials_____
ACCION MD Notes: _____

GI Recommendations: _____

Navigator to complete: *Patient Availability for* **Pre-op**
Language Preferred: ___ *English* ___ *Spanish*
Day & Time
Monday AM or PM   Thursday AM or PM
Tuesday AM or PM   Friday   AM or PM
Wed.   AM or PM

Navigator to complete: *Patient Availability for* **colonoscopy**
Language Preferred: ___ *English* ___ *Spanish*
Day & Time
Monday AM or PM   Thursday AM
Tuesday AM   Friday   AM or PM
Wed.   AM

Nancy to complete:
Colonoscopy Date: _____/_____/_____ Time: _____

Pre-op visit Date: _____/_____/_____ Time: _____

Endoscopy Provider _____