

# NHCR CSP

New Hampshire Colorectal  
Cancer Screening Program

## Colonoscopy Referral Form

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Last Visit: \_\_\_\_\_

Provider: \_\_\_\_\_ Office #: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

### INDICATION FOR COLONOSCOPY

- ☐ Screening: 50 yrs or older average age risk
- ☐ Personal hx of polyps. Type: \_\_\_\_\_  
Last colonoscopy date: \_\_\_\_\_
- ☐ Personal hx of colorectal cancer\*  
Last colonoscopy date: \_\_\_\_\_
- ☐ Family hx of colorectal cancer\*  
Relation \_\_\_\_\_ age at dx \_\_\_\_\_  
Relation \_\_\_\_\_ age at dx \_\_\_\_\_
- ☐ Fecal occult blood positive

### OTHER INDICATIONS\*

- ☐ Personal hx of inflammatory bowel disease
- ☐ Iron deficiency anemia
- ☐ Hematochezia (rectal bleeding)
- ☐ Significant GI symptoms. Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*These indications may not be covered by NHCR CSP,  
but we will assist with referrals.

\*\*Prescribing physician should determine whether it is safe  
to hold anticoagulants and anti platelets BEFORE this  
procedure. Please notify NHCR CSP if their medications  
should not be held.

### OTHER MEDICAL HISTORY

- ☐ PLEASE ATTACH RECENT HISTORY AND PHYSICAL
- ☐ Pacemaker/Defibrillator
- ☐ Recent MI (<3 months/unstable angina)
- ☐ Insulin-dependent diabetes mellitus
- ☐ History of abdominal aortic aneurysm
- ☐ History of problems with moderate (conscious)  
sedation/anesthesia
- ☐ Recent chemotherapy
- ☐ Require home oxygen continuously
- ☐ Allergies (please list):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### MEDICATIONS\*\* (see note below)

- ☐ Anticoagulation drug (Coumadin, Aggrenox,  
Lovenox Injections) or anti-platelet drugs [Ticlid,  
Reopro, Integrilin, Aggrastat, Clopidogrel (Plavix)]
- ☐ Insulin
- ☐ Chronic Narcotics/Pain Medication
- ☐ Medication list:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This patient is clinically appropriate for outpatient colonoscopy.

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_