

COLON SCREENING APPLICATION

PLEASE REVIEW ALL QUESTIONS!

Date:	Name:		
Date of Birth:	Age:	Weight: _____ Height: _____ BMI: _____	
Phone:			
Referring Physician:		Primary Physician:	
Pharmacy:			

Please answer all questions below	YES	NO
Are you over 75?		
Do you have chest pain?		
Do you get chest pain or shortness of breath if you climb 2 flights of stairs or walk 2 blocks? (If the patient cannot climb 2 flights of stairs or walk 2 blocks then check "Yes")		
Do you have cirrhosis?		
Are you receiving kidney dialysis?		
Do you have severe kidney disease (but not yet on dialysis)?		
Do you have a significant bleeding disorder?		
Do you have iron deficiency anemia?		
(Female patient only) Are you pregnant?		
Are you taking blood thinners?		
<p>If YES to any of the questions above, the patient is NOT eligible. STOP and schedule an office appointment @ 505-999-1600 ext 1</p> <p>Common Blood Thinners: Coumadin(warfarin), Plavix(clopidogrel), Pradaxa(dabigatran etexilate), Xarelto (rivaroxaban), Effient(prasugrel), Ticlid (ticlopidine), Eliquis(apixaban), Arixtra (fondaparinux), Brilinta (ticagrelor)</p>		

Have you had a heart attack?		
Do you have congestive heart failure?		
Do you have diabetes mellitus?		
Do you have sleep apnea?		

Are you on thyroid medication for underactive thyroid?		
Do you have anxiety that requires medications to help control?		
Do you have panic attacks?		
Are you on opioid (narcotic) pain medication? (e.g. Oxycodone, OxyContin, Percoset, hydrocodone, Avinza, Kadian, MS Contin, Dilaudid, Opana, Talwin, methadone, Duragesic patch/fentanyl)		
Do you use cannabis on a regular basis?		
Have you had a prior endoscopic procedure in which the sedation was inadequate?		
Do you have emphysema?		
Do you have high blood pressure that requires more than one medication to control?		
Do you have daily bowel movements?		
If not, how often do you have a bowel movement?		
Have you ever had a colonoscopy?		
Who was the physician? Where did you have the procedure?		
What facility did you have the colonoscopy?		
If you have had prior colonoscopy or endoscopy were there any complications?		
If so, what was the complication?		
Is there a family history of colon cancer or polyps?		
If so, which relative and at what age?		
Do you have blood in the stool or rectal bleeding?		
Do you have Crohn's disease or ulcerative colitis?		

<p>What prescription medications are you currently taking, including over the counter meds and vitamins and supplements? If you are taking any medications put NONE</p>

Do you have any drug allergies? (if yes, then list drugs)		
If yes, then list drugs		

Do you have a pacemaker or implanted defibrillator?

Have you ever had trouble with anesthesia?		
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Nausea	Vomiting	Prolonged sedation
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Do you have asthma, COPD, emphysema or other lung problems that require medications or other treatment?		
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Are you using supplemental oxygen?		
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Have you ever seen a cardiologist?		
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<u>WHO</u>	<u>WHERE</u>	<u>WHY</u>

Have you ever seen a pulmonologist?		
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<u>WHO</u>	<u>WHERE</u>	<u>WHY</u>

Have you ever seen a renal physician?		
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<u>WHO</u>	<u>WHERE</u>	<u>WHY</u>

Insurance
Insurance Company:
Plan Name or Coverage Type:
Policy Number :
Group Number:

