UNIVERSITY
GASTROENTEROLOGY

33 STANIFORD STREET
PROVIDENCE, RI 02905
TEL (401) 421-8800
FAX (401) 421-2492

PAUL A. AKERMAN, M.D.
NICHOLAS A. CALIFANO, M.D., F.A.C.G.
JOHN J. CRIBB, M.D.
PETER S. MARGOLIS, M.D.
ERIC B. NEWTON, M.D.
EDWARD A. PENSA, M.D.
PHILIP M. TRUPIANO, D.O.

PEDRO M. BARROS, M.D.
LESLIE E. CASHEL, M.D.
ANGELA FISHMAN, D.O.
THOMAS P. MCMAHON, M.D.
KEVIN S. PALUMBO, M.D.
JOSEPH D. PIANKA, M.D.
PAUL E. A. VAN ZUIDEN, M.D., F.A.C.P.

ERIC P. BERTHIAUME, M.D.
WILLIAM T. CHEN, M.D.
SHELDON LIDOFSKY, M.D.
LISA A. MUELLER, M.D.
THEODORE C. PALUMBO, M.D.
THOMAS S. SEPE, M.D.

Gastroenterology
Hepatology
Diagnostic Endoscopy
TherapeuticEndoscopy
Endoscopic Ultrasound
G.I. Motility
Endoscopic Oncology

ON DEMAND COLONOSCOPY

PHYSICIAN'S NAME:_____

PLEASE FAX FORM TO PHYSCIAN'S OFFICE

PLEASE PROVIDE PATIENT INFORMATION TO OUR OFFICE BY COMPLETING THIS FORM. IT IS IMPORTANT THAT WE RECEIVE ALL OF THIS INFORMATION PRIOR TO SCHEDULING AN **ON-DEMAND COLONOSCOPY**. PLEASE CONTACT UNIVERSITY GASTROENTEROLOGY IF YOU HAVE ANY QUESTIONS.

PATIENT NAME:

ADDRESS:

HOME PHONE:
CELL PHONE:
WORK PHONE:

D.O.B.:

REFERRING DR.:

INSURANCE:
CLAIMS ADDRESS:

REFERRING DR. PHONE:

POLICY#:

LIST OF MEDICATIONS:

LIST OF ANY ALLERGIES:

PAST MEDICAL HISTORY:

PAST SURGICAL HISTORY:

INDICATION (CHECK ALL THAT APPLY)

- ❑ SCREENING FOR AVERAGE RISK PATIENT AGE 50 OR OLDER
- ❑ HEMOCCULT POSITIVE STOOL
- ❑ HEMATOCHEZIA WITHOUT OBVIOUS PERI-ANAL SOURCE
- ❑ POLYP(S) ON SCREENING SIGMOIDOSCOPY
- ❑ FAMILY HISTORY OF COLON CANCER/COLONIC POLYPS: 1ST DEGREE RELATIVE
- ❑ PERSONAL HISTORY OF ADENOMAS OR COLON CANCER
- ❑ IRON DEFICIENCY ANEMIA
- ❑ ABNORMAL TEST FINDINGS (ENCLOSE COPY OF REPORT)
- ❑ OTHER: