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**GI Procedures Scheduling**

Patient Intake

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| **Last Name:** |  | **First Name:** |  | **MRN:** |  |  | **DOB:** |  |  |

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| **Source:** | Referring ProviderPatient Recall |
| **Date of Procedure that generated recall:** |  |  | **Referring Physicians:** |  |  |  |

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| ***Procedure*** | ***Procedure Indications*** | | ***2nd Procedure*** | ***2nd Procedure Indication*** |
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|  |  | |  |  |
|  |  | |  |  |
| **Gender:** | MaleFemale | |  |  |
| **Prisoner?** | YesNo | |  |  |
| **Urgent Request?** | YesNo | |  |  |
| **Particular Location Requested?** | NoneUNCMeadowmont | |  |  |
| **Particular Physician Requested?** |  | |  |  |
| **Prior UNC Colonoscopy:** | YesNo | |  |  |
| **What was prior colonoscopy prep quality?** | ExcellentGoodFairPoorUnsatisfactory | | |  |
| **Date of Last Colonoscopy:** |  |  | |  |
| **Are there any outside records?** | YesNo |  | |  |
| **Special Requests?** | YesNo |  | |  |
| **Is there a record of an interval procedure having been performed @ UNC since the procedure that generated the recall?** | YesNo |  | |  |

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Patient Questionaire

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| **Is the patient fluent in English?** | YesNo |
| **What is your insurance plan?** | BCBSOtherNone |
|  | YesNo |
| **Are you pregnant?** | YesNo |
| **Have you had a heart attack, stroke, or heart stent placed within the past 12 months?** | YesNo |
| **Do you have a heart defibrillator?** | YesNo |
| **Do you weigh more than 350 pounds?** | YesNo |
| **Do you have any heart or lung diseases, such as congestive heart failure, coronary artery disease, heart valve disease, and/or COPD?** | YesNo |
| **1) Do you require supplemental oxygen?** | YesNo |
| **2) Can you walk up one flight of stairs or around the grocery store without getting short of breath, chest pain, or feeling faint?** | YesNo |
| **Do you have sleep apnea and has a physician recommended you use a CPAP or BiPAP machine?** | YesNo |
| **Do you have end stage kidney disease?** | YesNo |
| **Do you have cirrhosis?** | YesNo |
| **Do you have any known bleeding disorders, such as hemophilia, Von Willebrand disease, or thromobocytopenia?** | YesNo |
| **Do you have diabetes?** | YesNo |
| **Do you have a history of Crohn's disease, ulcerative colitis, and/or bowel obstruction?** | YesNo |
|  |  |
| **In the past, did you have difficulty completing the colonoscopy prep?** | YesNo |
| **Do you take any of the following medications?** |  |
| NonePlavix (Clopidigrel)Coumadin (Warfarin)Loxenox (Enoxaparin)Pradaxa (Dabigatran) Chronic Pain Medications | |
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