Northwest Ohio Gastroenterology Associates and Endoscopy Center

Peter J. Reilly, MD FACG
David L. Zack, DO FACG
Scott A. Corman, DO
Michael A. Pappas, MD
Pardeep Bansal, MD
Patricia M. Oster, CNP
Christine M. Haggerty, CNP
Diane T. Scaife, CNP
Darlene M. Wilhelm, CNP

DIRECT ENDOSCOPY PROGRAM

Fax to (419) 471-1323 or (419) 471-1690 • Call our Hotline @ (419) 471-1696

Patient's Name:	**SSN:**	**DOB:**
Patient's Home Phone #:	**Patient's Work Phone #:**	
Patient's Address:		
City:	**State:**	**Zip:**
Referring Physician:		
Phone #:	**Fax #:**	
Special Requests:	**Date:**	

Check Requested Procedure(s)

☐ **COLONOSCOPY** ☐ **EGD**

Please check all applicable indications, medication, allergies and complete pertinent medical history

- ☐ Colon Cancer Screening
- ☐ Personal history of colon cancer (Date of Surgery _____)
- ☐ Personal history of colon polyps (Date of last colonoscopy _____)
- ☐ Family history of colon cancer (Who: _____ Age: _____)
- ☐ Family history of colon polyps - 1st degree relative (Who: _____ Age: _____)
- ☐ Abnormal barium enema or CT (Please Attach Report)
- ☐ Change in bowel habits
- ☐ Occult GI bleeding
- ☐ Hematochezia
- ☐ Melena with negative EGD
- ☐ Iron deficiency anemia (Please attach copy of lab results)
- ☐ Other:

MEDICATIONS

_____
_____
_____
_____
_____
_____
_____
_____
_____

- ☐ Melena
- ☐ Dyspepsia/GERD
- ☐ Dysphagia
- ☐ Epigastric pain unresponsive to treatment
- ☐ Iron deficiency anemia with negative colonoscopy
- ☐ Occult GI bleeding with negative colonoscopy
- ☐ Abnormal UGI, X-ray or CT (Please Attach Report)
- ☐ Other:

PERTINENT MEDICAL HISTORY

YES	NO	
☐	☐	Cardiac Arrhythmia
☐	☐	AICD
☐	☐	Pacemaker
☐	☐	Coumadin/Warfarin/Heparin/Pradaxa
☐	☐	Dialysis
☐	☐	Oxygen Dependency
☐	☐	GI Tract Surgery
☐	☐	Obstructive Sleep Apnea
☐	☐	Dementia or Other Mental/Physical Handicap
☐	☐	Other: _____

Height: _____ **Weight:** _____

ALLERGIES

_____
_____
_____
_____

INSURANCE INFORMATION
(Please attach photocopy of both sides of member card if available)

Plan:	ID#:
Insured Name:	Group Name/Number:
Secondary:	Secondary ID#: