



Island Surgeons
 1213 24th St., Suite 700
 Anacortes, WA 98221
 (360) 293-5142

SCREENING COLONOSCOPY REFERRAL FORM

By referring this patient, you, the medical provider, believe him or her to be medically fit enough to safely undergo an outpatient bowel prep and a colonoscopy.

Patients referred for a screening exam are, by definition, asymptomatic. If they have a significant change in bowel habits, rectal bleeding, significant abdominal pain or are anemic, they should be referred for a consultation and NOT a screening exam.

Patient Information: You may provide a cover sheet which includes billing and demographics. Otherwise, complete below where appropriate. If authorization is necessary from you for the referral, please include it.

PATIENT INFORMATION:

Name: _____ D.O.B.: _____ Female Male

Telephone: Home #: _____ Contact #: _____ Soc. Sec. #: _____

Address: _____

Insurance Carrier: _____ Plan: _____ Subscriber Name: _____

I.D. No.: _____ Group No.: _____ Authorization No.: _____

CLINICAL INFORMATION:

Y N

Kidney failure

Pacemaker

Defibrillator

Diabetes on insulin

Diabetes oral meds/diet controlled

Blood Thinners including Plavix: If Yes, circle the appropriate choice below:

1. Can stop without heparin bridge
2. Stop with heparin bridge
3. Should not be stopped electively

Referring Physician: (Please print) _____ **Date:** _____

For Office Use Only:

APPROVED **DENIED** **Comment:** _____ **Reviewed by:** _____ **Date:** _____

Contact information: _____

Note: REFERRING PHYSICIAN must fax completed requisition and required information to Island Surgeons at 360-299-2043