

HIGHLAND HOSPITAL

ENDOSCOPY UNIT

Open Access Gastrointestinal Endoscopy Referral Form

This referral form is to be used if you are requesting a procedure without a GI clinic appt

Patient Name (Last, First) _____,	Date: _____
Patient Med Record #: _____	Referring Provider: _____
Patient DOB: _____	Referring Clinic: _____
Patient Best Phone #: _____	Clinic Phone: _____

For Colonoscopy (CPT 45380)

- Age 50-75 for average risk screening Z12.11
- Surveillance of prior colonic adenomatous polyps (Z86.010)
- Family history of CRC (1st degree relatives) (Z80.8)
- FIT+/FOBT+ (R19.5)
- Unexplained iron deficiency anemia (**Rec'd EGD**) (D50.9)
- Evaluation of non-hemorrhoidal LGI bleeding (K92.2)
- Abnml imaging study (R93.3)

For EGD (CPT 43239)

- Surveillance of established Barrett's Esophagus (K22.70)
- GERD with failure of PPI AND alarm signs (K21.90)
- Dyspepsia with alarm signs or >55yo (R10.13)
- Persistent vomiting of unknown cause (R11.10)
- Unexplained iron deficiency anemia (D50.9)
- Dysphagia or Odynophagia (R13.10)
- Abnml imaging study (R93.3)

All other indications require a GI Clinic visit first.

Please answer ALL the following screening questions. This helps us to appropriately triage this referral.

- NO / YES : Does the patient have any advanced or unstable medical conditions including cardiovascular, pulmonary, endocrine or liver disease? (If ASA Classification is III or greater, the patient should be seen in GI clinic before a procedure.)
- NO / YES : Is the patient on anticoagulation therapy (Coumadin, Dabigatran, Rivaroxaban, Apixiban, Edoxaban) or do they have a coagulopathic disorder?
Antithrombotic therapy (ASA/NSAIDs/Plavix) is acceptable to continue for low-risk procedures.
- NO / YES : Has the patient ever had problems with anesthesia or conscious sedation?
- NO / YES : Does the patient have active alcohol abuse or chronic use of sedatives or analgesics (e.g. Percocet, Vicodin)?
- NO / YES : Has this patient ever had an endoscopic procedure before?

Medical/Surgical History (REQUIRED): _____

Additional pertinent info, if any: _____

**PLEASE UPLOAD THIS COMPLETED FORM TO REFTRAK.
YOU WILL BE ABLE TO TRACK THIS REFERRAL THROUGH REFTRAK.**

If any questions or issues, please contact Mary Gauldin (mgauldin@alamedahealthsystem.org) or Teresa Garcia (mtgarcia@alamedahealthsystem.org) at 510-437-4935