



| GI Screening Colonoscopy Order Request | |
|---|-----------------------------------|
| Patient Name: | BWH MRN: |
| Birth Date: | Patient Phone #: |
| | |
| Ordering Provider Name: | NPI#: |
| Practice Name: | Contact person for any questions: |
| Full Address: | Phone #: |
| | |
| Email: | |
| | |
| Signs and Symptoms: (select one or more) | |
| ☐ Asymptomatic | |
| ☐ Other (please describe): | |
| | |
| Relevant History: (select one or more) | |
| ☐ Request performing GI Physician (specify): | |
| □ Average risk screening (i.e. 50 years old without personal or family history of CRC or adenomas) | |
| ☐ Personal history of colonic adenomas | |
| ☐ Personal history of colon cancer | |
| ☐ Family history of colon cancer | |
| ☐ Family history of colonic adenomas (specify): | |
| □Other: | |
| Additional Comments (antional) | |
| Additional Comments (optional): | |
| | |
| | |
| | |
| Decision Support | |
| Endoscopy Comorbidity Risk: Please check all that apply. | |
| ☐ Morbidly Obese (BMI greater than 40) | |
| ☐ Sleep apnea, or use of supplemental oxygen/ Continuous Positive Airway Pressure (CPAP) | |
| ☐ History of clinically significant arrhythmia, pacemaker or Automatic Implantable Cardioverter- | |
| Defibrillator (AICD) Defibrillator (AICD) Defibrillator (AICD) | |
| □ Bleeding disorder or on chronic anticoagulation, e.g. Coumadin or antiplatelet therapy. □ Insulin-dependent diabetes | |
| ☐ Clinically significant heart failure or kidney failure | |
| ☐ Chronic use of opioid medications | |
| ☐ Any medical conditions that may prelude moderate sedation (including a history of difficult intubation | |
| and/or any anatomical airway changes)? | |
| OR | |
| □ None of the above apply | |
| This information is presented to assist you in providing care to your patients. It is your responsibility to exercise your independent medical knowledge and judgment in providing what you consider to be in the best interest of the patient. | |