

## ENDOSCOPY REFERRAL FORM

### Referral

Referred to:  Boyd  Brannan  Chiemprabha  Donelson  Dotherow  Hall  Hogan  Hogan III  
 Jones  Kotfla  Lee  McCrary  McNeese  Milner  Petro  Reeves  
 Runnels  Shenoy  Underwood  Vance  Weeks  Williams  Wilson  Wright  
 ANY GI ASSOCIATES PHYSICIAN – NOT URGENT  NEXT AVAILABLE APPOINTMENT – URGENT

Preferred Location:  Flowood  Madison  Vicksburg

Referring Physician First & Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR OFFICE VISIT / CONSULTATION** Reason for appointment: \_\_\_\_\_

**FOR PROCEDURE:**  Colonoscopy  EGD  Flex Sig  ERCP  EUS  Esophageal pH study  Esophageal Manometry  
 Ano-rectal Manometry  Pillcam  Barrett's Esophagus Treatment  Other \_\_\_\_\_

### Diagnosis

#### Diagnoses for Colonoscopy

- Age 50+ Screening (Z12.11)
- Family Hx of colon cancer (Z80.0) or adenomatous polyp (parent, sibling, child) (Z83.71)
- Personal Hx of colon cancer (attach copy of last colonoscopy report if available) (Z85.038)
- Personal Hx of colon polyps (attach copy of last colonoscopy report if available) (Z86.010)
- Diverticular disease (K57.30) / recent diverticulitis (K57.32)
- Abdominal pain thought to be due to disease of the colon: generalized (R10.84), LLQ (R10.32), RLQ (R10.31), LUQ (R10.12), RUQ (R10.11)

#### Diagnoses for Both EGD and Colonoscopy

- Personal hx of other GI cancer that is not colon cancer (type of cancer \_\_\_\_\_) (Z85.00)
- Abnormal GI Radiology results (attach copy of radiology report) (R93.3)
- Occult blood in stool (attach copy of lab result OR physician progress note stating heme positive stool) (R19.5)
- Hematochezia (bright red blood per rectum) (K92.1)
- Iron deficiency anemia, including microcytic anemia (must attach lab results)(D50.9)
- Functional diarrhea (K59.1)
- Unspecified obstruction of GI tract (K56.60)

#### Diagnoses for EGD

- Melena (K92.1)
- Nausea / vomiting (R11.2)
- Epigastric abdominal pain (R10.13), RUQ abdominal pain (R10.11), LUQ abdominal pain (R10.12), Periumbilical abdominal pain (R10.33)
- Dysphagia (R13.10)
- Odynophagia (R13.10)
- Chronic reflux symptoms unrelieved with treatment (K21.9)
- Chronic cough thought to be due to acid reflux disease (R05) - not covered by Medicare
- History of peptic ulcer (Z87.11) - not covered by Medicare
- Abnormal weight loss (R63.4)
- OTHER GI DIAGNOSES (not listed above):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE:** Colonoscopy is NOT covered for a diagnosis of constipation, weight loss, anemia that is not IDA or not microcytic, non-specific abdominal pain, change in stool caliber.

### Patient Demographic

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Gender M / F

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Insurance Information [Please fill out or include a copy of patient insurance card (front and back)]

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Insured Name \_\_\_\_\_ Insured SSN \_\_\_\_\_ Insured Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Insured Employer \_\_\_\_\_

Patient's Relationship to Insured \_\_\_\_\_ Is Insured the same as Guarantor? Y / N

Guarantor First Name \_\_\_\_\_ Guarantor Last Name \_\_\_\_\_

Guarantor SSN \_\_\_\_\_ Guarantor DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Guarantor Phone \_\_\_\_\_

Please Fax to 601-718-2778