

## ENDOSCOPY REFERRAL FORM

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800/880-1231 • Fax 601/352-4882 • [www.gi.md](http://www.gi.md)

### Referral

**FOR DIAGNOSTIC STUDY:** ☐ Esophageal pH study ☐ Esophageal Manometry ☐ Ano-rectal Manometry ☐ Pillcam ☐ Other \_\_\_\_\_

DOCTORS ASSIGNED PER ROTATION FOR DIAGNOSTIC STUDY

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

**FOR PROCEDURE:** ☐ Colonoscopy ☐ EGD ☐ Flex Sig ☐ ERCP ☐ EUS ☐ Barrett's Esophagus Treatment ☐ Other \_\_\_\_\_

Referred to: ☐ Boyd ☐ Brannan ☐ Chiemprabha ☐ Donelson ☐ Dotherow ☐ Ellison ☐ Hall ☐ Hogan  
☐ Hogan III ☐ Jones ☐ Kotfila ☐ Lee ☐ McCrary ☐ Milner ☐ Petro ☐ Reeves  
☐ Runnels ☐ Underwood ☐ Vance ☐ Weeks ☐ Williams ☐ Wilson ☐ Wright ☐ Yousuf  
☐ ANY GI ASSOCIATES PHYSICIAN – NOT URGENT ☐ NEXT AVAILABLE APPOINTMENT – URGENT ☐ ST. DOMINIC GI CLINIC

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

### 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**