

Patient Data

Name: _____ Sex: M F Birth Date: _____
 Home phone: _____ Other phone: _____ Insurance: _____
 Referring GI Physician: _____ Referring Primary Physician: _____

If the patient is not a Medicare recipient, has pre-authorization been obtained from their insurance company? Yes No
 If YES, please provide the pre-authorization number: _____
 If NO, has the patient been informed of the need to pre-register and arrange payment in advance? Yes No

Indication:

- *Ongoing obscure GI Bleeding, the site of which has not been identified by:
- | | | |
|---|------------|---|
| <input type="checkbox"/> *Upper Endoscopy (Date: _____) | | <input type="checkbox"/> *Iron Deficiency Anemia |
| <input type="checkbox"/> *Colonoscopy (Date: _____) | AND | <input type="checkbox"/> *Anemia Requiring Transfusions |
| <input type="checkbox"/> Push Enteroscopy (Date: _____) | | <input type="checkbox"/> *Multifactorial Anemia |
| <input type="checkbox"/> SBFT or Enteroclysis (Date: _____) | | |
- *Performed during the period of illness * Required elements (if not present, pre-authorization **MUST** be obtained)

Covered ICD-9 Codes:

For Capsule Endoscopy of the Small Intestine ONLY: _____ For Capsule Endoscopy of the Esophagus ONLY: _____

Please Choose:

- Interpretation of study to be performed by referring GI Physician
 Interpretation of study to be performed by member of Endoscopy Unit Attending Staff

Physician Screening Questions

1. Do you have a history of bowel obstruction? Yes No
2. Have you had bowel or intestinal surgery? Any Complications? Yes No
3. Are you diabetic? Name of diabetic agent: _____ Yes No
4. Have you ever taken NSAIDS or ASA for more than 30 days? Yes No
5. Do you take iron pills? Yes No
6. Do you have a pacemaker/defibrillator? Yes No
7. Do you have Crohn's disease? Yes No
8. Are you pregnant? Yes No
9. Are you scheduled for an MRI exam? Yes No

*Please call the Endoscopy unit @ 401.444.5038 if you have any questions regarding this list

PHYSICIANS:

If patient has any of the above relative contraindications, do you still want to proceed with the procedure? Yes No

Comments: _____

Remind Patient:

- Clear liquids from 1pm to 10pm the day before the exam
- No food or drink after 10pm the night before the exam
- No smoking after midnight
- Wear loose clothing, preferably a shirt and pants
- Patient meds can be taken up to 2 hours before exam
- Patient will be NPO for 2 hours after ingesting the capsule, then clear liquids for 2 hours, then a light meal is allowed. Please adjust diabetic meds accordingly.

**Please fax this form along with the standard booking form to 401.444.6179.
 This information needs to be obtained and approved before the Capsule Endoscopy can be scheduled.**

Physician Print Name/Sign _____

Date _____