

## Forms you need to complete and return:

- **REGISTRATION/INSURANCE FORM**
- **COLONOSCOPY QUESTIONNAIRE**

To submit these forms, simply drop them off at our office at:

**3116 WILLETT DRIVE, LARAMIE WY**

**OR**

**MAIL THEM TO:**

**IVINSON MEDICAL GROUP  
ATTN: SURGICAL CLINIC RN  
3116 WILLETT DRIVE  
LARAMIE, WY 82072**

**FAX: 307-755-4539**



## Colonoscopy Questionnaire

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Ivinson Medical Group has developed a program which allows healthy individuals to schedule screening colonoscopy without the need for an office visit before the procedure. If your physician has suggested that you have a colonoscopy, you may have qualified for this program. Of course, not all patients will be able to safely undergo colonoscopy without a more detailed evaluation of their health history and their risks for the procedure. If that is the case for you, we will help you schedule an office visit so that a physician can review your medical history, assess your current conditions, and determine how to best meet your health needs.

Please complete the following questionnaire. Someone from our office will contact you within 10 days.

How old are you today? _____	
Have you had a colonoscopy in the past?	<input type="checkbox"/> *Yes <input type="checkbox"/> No
*If the answer is yes: when _____/_____/_____	
Where: _____	
What were the results? _____	
Why are you requesting a colonoscopy? _____	
Is there a family history of colon cancer or polyps?	<input type="checkbox"/> *Yes <input type="checkbox"/> No
*If yes, who? _____	
Do you have any gastrointestinal symptoms such as abdominal pain, bleeding, weight loss, diarrhea, constipation, or anemia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have you ever had any of the following?</b>	
Ulcerative colitis or Crohn's disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart attack, irregular heartbeat, coronary artery bypass or stent placement, stroke, seizure, fainting spells or congestive heart failure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Renal failure or dialysis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Respiratory problems (COPD, emphysema, home oxygen, or asthma)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes or sleep apnea	<input type="checkbox"/> Yes <input type="checkbox"/> No
Defibrillator, pacemaker, or artificial heart valve	<input type="checkbox"/> Yes <input type="checkbox"/> No
Organ transplant, other than cornea	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have MRSA (Methicillin-Resistant Staphylococcus Aureus)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a joint replacement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you smoke?	<input type="checkbox"/> *Yes <input type="checkbox"/> No
*If yes, how often and how much? _____	
Do you take any of these blood thinning medications? Please check any of the ones you take daily.	
<input type="checkbox"/> Coumadin (warfarin) <input type="checkbox"/> Aspirin <input type="checkbox"/> Lovenox (enoxaparin) <input type="checkbox"/> Trental (pentoxifylline) <input type="checkbox"/> Plavix (clopidogrel) <input type="checkbox"/> Eliquis (apixaban) <input type="checkbox"/> Pradaxa (dabigatan) <input type="checkbox"/> Xarelto (rivaroxaban)	



Do you have any bleeding problems? *If yes, which ones? _____	<input type="checkbox"/> *Yes <input type="checkbox"/> No
Do you have any allergies to medications or eggs? *If yes, please list: _____ _____	<input type="checkbox"/> *Yes <input type="checkbox"/> No
List all medications that you take including herbals and other over the counter medications: _____ _____ _____ _____ _____ _____ _____ _____	
Have you had difficulty with anesthesia other than nausea?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to walk without assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

*To submit this form, simply drop it off at our office at 3116 E. Willett Drive, Laramie, WY or mail it to Ivinson Medical Group, ATTN: Surgical Clinic RN, 3116 Willett Drive, Laramie, WY 82072.*



## Patient Statement for Colonoscopy

- Scheduling my screening colonoscopy via the phone is designed to allow healthy, age appropriate patients to have a screening colonoscopy without an office visit. The questionnaire that I have completed will be carefully reviewed and I may be called for points of clarification. For my safety, depending on the answers provided, I understand I may be scheduled directly for a Screening Colonoscopy or if I do not meet criteria, an office visit will be scheduled.
- I understand that by choosing to pursue a Colonoscopy I have not, nor during this process will I have, a GI consultation. I understand that I have the choice to make an appointment for an office visit to discuss colonoscopy and have declined to do so. I also understand that I will require a separate office visit to address any GI complications I might have.
- If I am scheduled directly for a screening colonoscopy I will be called regarding preparation for the procedure, the procedure itself, and post-procedure concerns; I will get a brief physical exam on the morning of the procedure. I will read the information provided and make sure that I understand and will be able to comply with the instructions given.
- I understand that, while not likely, there are risks involved with colonoscopy as with any medical procedure. These risks are outlined in the information that I have received. I have reviewed this information to my complete satisfaction and I understand the risks and the benefits of colonoscopy.
- Should I have any changes in my health status or insurance after being scheduled, or any questions about the information I receive by mail I will call the office.
- I understand that I must have someone drive me to the procedure and wait at the hospital to drive me home. **Without a driver in attendance the procedure will be cancelled.**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Patient Information

Name: \_\_\_\_\_  
LAST FIRST M.I.

Other names used: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Phone: (\_\_\_\_) \_\_\_\_\_ Preferred Contact Method:  email  phone  text  mail

May we leave messages on your answering machine regarding your care?  \*Yes  No  
\*Please understand that if we leave messages, it will be your responsibility to initiate a return call to discuss your care with us.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated  Widowed

**Emergency Contact Information**

Name: \_\_\_\_\_  
LAST FIRST M.I.

Phone: (\_\_\_\_) \_\_\_\_\_

Patient Email

email: \_\_\_\_\_

I wish to be set up for IMH's patient portal using the email address above:  Yes  No

Patient Employer

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET  
CITY, STATE, ZIP CODE

Phone Number: (\_\_\_\_) \_\_\_\_\_



*This section does NOT need to be filled out if you presented your insurance card to receptionist.*

Insurance

Primary Insurance: \_\_\_\_\_ Policy Holder's Name: \_\_\_\_\_

Policy Holder's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Policy Holder's SSN: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_ Co-Pay\$: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Policy Holder's Name: \_\_\_\_\_

RX

Local Pharmacy: \_\_\_\_\_ Mail Order Pharmacy: \_\_\_\_\_

Oxygen Company (if applicable): \_\_\_\_\_

Home Health Agency (if applicable): \_\_\_\_\_



## Colonoscopy Information Sheet

This information sheet is provided to help you understand colonoscopy. If you have questions after reading this sheet, please do not hesitate to ask them. Upon your arrival at the facility for your procedure you will be asked to sign a consent form.

### **What is a colonoscopy?**

Colonoscopy is an examination of the large intestine using a flexible tube (colonoscope) with a video camera at the end. The tube is inserted into the rectum and advanced through the colon. At the time of the examination the doctor can take tissue samples (biopsies) or remove abnormal growths such as polyps. Other procedures are sometimes performed such as applying clips or electrocautery to prevent or control bleeding, or injecting dye. Patients are given medication through an intravenous line (IV) and are sleepy or asleep throughout the procedure. On average, the procedure takes between 20 minutes to an hour.

### **Why is a colonoscopy done?**

Colonoscopy is done to detect colon cancer or pre-cancerous polyps in both average risk individuals and in those with an increased risk of colon cancer, such as those with a family history of colon cancer or a personal history of inflammatory bowel disease. It is also done as part of the evaluation of symptoms such as rectal bleeding, diarrhea, change in bowel habits and other conditions.

### **What is the success rate of a colonoscopy?**

An examination of the entire colon is possible in most patients. Occasionally a complete examination is not possible because of narrowing of the colon, the presence of an unusually long and twisty colon, or looping and sharp angulation (usually from scarring related to previous surgery or diverticulitis). Even when the entire colon can be reached with a colonoscope, there is a chance that a polyp or other abnormality will not be seen. This chance is higher when pre-colonoscopy cleansing of the colon is not adequate, but still exists even when the colon is well prepared. If the examination is incomplete, you may need additional testing such as a barium enema x-ray or CT colonography (virtual colonoscopy), or perhaps another colonoscopy.

### **What are the risks of a colonoscopy and associated procedures?**

Colonoscopy is considered a relatively safe procedure, but serious complications occur in about 1 person out of 100 (0.1%). These complications include infection, perforation (puncture or tear of the bowel wall creating a hole), bleeding (frequently from a treatment site, such as the place where a polyp was removed), cardiac problems such as a heart attack or rhythm disturbances, sedation related complications such as aspiration or decreased respiration, and even death which is quite rare. While a complete listing of possible rare complications would be quite lengthy, this list includes some of the most significant risks.



**What are the alternatives to colonoscopy?**

There are several other methods which can be used to examine the bowel. These include a limited examination which is confined to the rectum and lowest portion of the colon (flexible sigmoidoscopy), barium enema x-ray, and CT colonography (virtual colonoscopy). Examination of the stool for presence of microscopic amounts of blood can be used as a screening technique for colon cancer.

**What can I expect after the procedure?**

You may feel bloated or have cramping 1-2 hours after the procedure is complete. You may feel tired and need to take a nap once you are back home. It is common to go for a day or two without a bowel movement. If biopsies are done or a polyp is removed, you may see a small amount of bleeding from the rectum. You should plan to eat a light meal after the procedure, and then return to a normal diet if you are feeling fine. You should be completely recovered and able to return to your usual activities the next day. You cannot drive for a minimum of 12 hours after your sedated procedure.

