

Direct Access Colonoscopy Questionnaire

Today's Date _____
 Name _____
 Address _____

 DOB _____ Age _____
 Gender _____ SSN _____

Preferred Phone _____ Alt Phone _____
 Emergency Contact _____
 Emergency Contact Relationship To You _____
 Emergency Contact Phone _____
 Referring Physician _____
 Preferred Pharmacy _____
 Pharmacy Phone _____
 Email: _____

INSURANCE INFORMATION

PRIMARY INSURANCE
 Policyholder Name _____
 Policyholder DOB: _____
 Relationship to Patient _____
 Group Number _____
 Policy Number _____

SECONDARY INSURANCE
 Policyholder Name _____
 Policyholder DOB: _____
 Relationship to Patient _____
 Group Number _____
 Policy Number _____

HEALTH AND PERSONAL INFORMATION

How tall are you? ft in How much do you weigh? lbs

Please circle any that apply to you:

Diabetes _____
 High Blood Pressure _____
 Heart Disease (Heart Attack, Bypass, Stents, CHF, Valve Surgery, etc) _____
 Abnormal EKG _____
 Thyroid Disease _____
 High Cholesterol _____
 Stroke _____
 Kidney Disease, if so, do you need dialysis Y N
 Liver Disease or Cirrhosis _____
 COPD, Asthma, or other lung disease _____
 Sleep Apnea if yes, do you use CPAP? Y N
 Psychiatric Illness if yes, please specify _____
 Blood Clots or Bleeding Disorder _____
 Cancer If yes, please specify _____
 Other _____

Please circle any that apply to you:

Appendectomy _____
 Gallbladder Removed _____
 Hysterectomy _____
 Ovary(ies) Removed _____
 Heart Surgery _____
 Tonsils Removed _____
 Joint Surgery _____
 Spine Surgery _____
 Thyroid Surgery _____
 Gastric Bypass _____
 Intestinal Surgery _____
 Heart or Lung Surgery _____
 Other _____

Have you ever had a colonoscopy? Y N

If yes, when _____
 If yes, why? _____

 If yes, what were the findings?

Please list all your current medications, including OTC/dietary supplements:

Please list all your medication allergies or state "NONE"

Do you smoke? Y N If so, how much per day? _____

Are you a former smoker? Y N If so, when did you quit? _____

Do you drink alcohol? Y N If so, how much and how frequently? _____

Do you have a history of illegal drug use? Y N If so, when was the last time you used drugs? _____

Has any one in your immediate family had:
 Cancer? Y N If so, who and what type? _____

Colon polyps? Y N If so, who and how old when first diagnosed? _____

I authorize release of my medical information to the above named medical insurance company(ies) and their agents for the purpose of obtaining payment of services and determining insurance eligibility. I authorize payment of medical benefits to Adventist Health Castle. I understand that omitting or falsifying information about my health may lead to injury or could result in cancellation of my procedure.

Patient Signature _____ Date _____

What is *colon cancer*?

Colon cancer is a type of malignancy in the large intestine. Though the incidence has been declining since the 1990s, it remains the second most common cause of cancer related deaths. Approximately 150,000 new cases of colorectal cancer are diagnosed in the U.S. every year. Sadly, the disease will be fatal for over 50,000 of those unfortunate individuals.

Overall, the lifetime risk of developing colon cancer is about 7%, and this number is even higher in individuals with certain risk factors. Some of these risk factors include: a family history of colon cancer, particularly in a first degree relative; age greater than 50 years old; a personal or family history of certain types of colon polyps; a history of certain other types of cancer; and a history of inflammatory bowel disease, such as Crohn's Disease or ulcerative colitis. Fortunately, many cases of colon cancer can be prevented with a simple medical procedure called a *colonoscopy*.

What is a *colonoscopy*?

A *colonoscopy* is a type of medical procedure used to detect and even prevent colon cancer. It entails the use of a flexible tube equipped with a light and a camera to explore the large intestine. Prior to the procedure, the patient undergoes a cleansing bowel preparation to maximize the effectiveness of the test. During the procedure the patient is sedated, and a vast majority of the patients report no discomfort. If your physician encounters an abnormal growth, such as a polyp, it can usually be removed at that time free of any discomfort. Since we know that most types of colon cancer arise from colon polyps, removal of them during a colonoscopy can help prevent colon cancer.

A *colonoscopy* is a very safe procedure, which can be lifesaving; however, as is the case with most medical procedures, there are some risks involved. Some of these risks include: bleeding (therefore it is important to inform your doctor of any clotting disorders you have or blood thinning medications you taking); infection; the possibility of missed polyps or other abnormalities; and a small chance of perforating the colon, which could necessitate surgical repair. As with virtually any medical procedure, there is a small chance of death from complications of endoscopic procedures. The risk of these complications is small and is outweighed by the potential benefit of screening for this deadly type of cancer.

Direct Access Colonoscopy

At Adventist Health Castle, we can provide a screening colonoscopy as a vital part of your preventive medical care. For healthy patients without significant medical history, and with no gastrointestinal symptoms, we offer direct access examinations. For your convenience, a direct access colonoscopy requires no pre-procedure consultation, saving you time and money, and allowing easy, flexible scheduling. To be eligible for a direct access colonoscopy, you must meet the following criteria:

- Age between 50 and 70
- No prior complications from anesthesia or conscious sedation
- No major illnesses or chronic health problems, such as heart, lung, liver, or kidney disease (well controlled diabetes, high blood pressure, or high cholesterol may be okay)
- No chronic narcotic or other sedative use
- No gastrointestinal symptoms

If you and your primary care physician think you are eligible for an direct access colonoscopy, please complete all the information attached to this form, sign, date it, and fax to (808) 266-3614.

Once we receive the completed form, Dr. Panetta will review the information and determine whether you qualify for a direct access colonoscopy. We will then contact you with further instructions on how to schedule your colonoscopy.

If you have any questions, please feel free to call our office at (808) 263-5013.