Gastroenterology Care Center

Elective EGD Request

(859)263-0022

Patient Name:_____ **DOB:**_____ **SSN:**_____

Phone #:_____ **Address:**_____

Ordering MD:_____ **Phone #:**_____**Fax:**_____

Insurance: *******PLEASE SEND A COPY OF INSURANCE CARD******* **(***front and back***)**

Please FAX this form to (859) 263-4666 and we will contact the patient for an appointment

Note: Consultation for evaluation of symptoms will be completed the day of procedure, and appropriate f/u care arranged. Indication (must ck at least one):

____ Upper Abdominal distress associated with:
____ weight loss >5% (____ lbs) and/or ____ Age >45 yrs and/or
____ early satiety and/or ____ anorexia and/or
____ persistent distress despite Rx _____ x _____ weeks

_____ Dysphagia or _____ painful swallowing

_____ GI Bleeding with ____ hematemesis/coffee ground emesis _____ Hematochezia w/orthostatic B/P changes
____ melena _____ Hematechezia w/ (-) colonoscopy

_____ GERD ____ persistent despite tx _____ x _____ weeks (>4 weeks)
____ recurrent despite tx _____ x _____ weeks (>4 weeks)

_____ Persistent vomiting of unknown cause for _____ days

_____ Fe deficiency anemia, with ____ upper symptoms _____ or
____ (-) Ba Enema (date _____) or

_____ Guaiac + stool with ____ portal HTN or
____ (-) colonoscopy (date _____) or
____ NSAID use

_____ Malabsorption that needs SB bx to evaluate for mucosal disease

_____ Cirrhosis or ____ portal HTN to evaluate for esophageal varices

_____ Previous variceal bleed for ____ banding ____ sclerotherapy

_____ Feeding problem requiring ____ PEG ____ PEG/J ____ Naso-jejunal feeding tube

_____ Diarrhea x ____ wks (>3 wks) with ____ (-) O/P and or ____ Stool culture

_____ X-ray with abnormal UGI findings: _____

_____ Sequential EGD for ____ Barrett=s (q 2 yrs for no dysplasia) ____ gastric/duodenal adenoma (last exam____)

_____ To assess healing of ulcer in ____ esophagus (12 weeks) ____ stomach (6 wks) ____ anastomosis (6 wks)

_____ Dilatation of stenosis at _____

Additional Information

Yes No Does pt have bleeding tendencies (pathologically or Pharm induced?)

Yes No If YES, have recent Coag studies been drawn?

Yes No Has pt had surgical implants placed in the last year, or total joint replacement EVER?

Yes No Does pt have an implantable cardiac device (pacemaker or defibrillator)?

Yes No Has Pre-Procedural Cardiology visit been scheduled? Date_____

Yes No Does pt need pre-procedural GI consult with recommendations? (Different date than procedure)

DATE of last EKG on your chart _____

Procedure Date:_____