



GI Diagnostic Colonoscopy		Order Request
Patient Name:	BWH MRN:	
Birth Date:	Patient Phone #:	
Ordering Provider Name:	NPI#:	
Practice Name:	Contact person for any questions:	
Full Address:	Phone #:	
Email:		

Signs and Symptoms: (select one or more)	
<input type="checkbox"/> Asymptomatic	<input type="checkbox"/> GI bleeding (specify):
<input type="checkbox"/> Positive fecal occult blood test	<input type="checkbox"/> Change in bowel habits
<input type="checkbox"/> Constipation	<input type="checkbox"/> Abnormal pain
<input type="checkbox"/> Weight loss	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Other:	

Relevant History: (select one or more)	
<input type="checkbox"/> Request performing GI Physician (specify):	
<input type="checkbox"/> Colon cancer	
<input type="checkbox"/> Iron deficiency anemia	
<input type="checkbox"/> Known Inflammatory bowel disease	
<input type="checkbox"/> Abnormal prior imaging (specify):	
<input type="checkbox"/> Diverticulitis	
<input type="checkbox"/> Colonic stricture	
<input type="checkbox"/> Colon resection	
<input type="checkbox"/> Pelvic radiation	
<input type="checkbox"/> Known Active Malignancy (under/planning for treatment) (specify):	
<input type="checkbox"/> Known Metastasis (specify):	
<input type="checkbox"/> History of Malignancy (no evidence of disease) (specify):	
<input type="checkbox"/> Other:	

Differential Diagnosis: (select one or more)	
<input type="checkbox"/> Colon cancer	
<input type="checkbox"/> Infectious Colitis	
<input type="checkbox"/> Inflammatory bowel disease	
<input type="checkbox"/> Diverticulitis	
<input type="checkbox"/> Graft vs. Host Disease	
<input type="checkbox"/> Hemorrhoids	
<input type="checkbox"/> Colon Polyp	
<input type="checkbox"/> Other:	

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Decision Support

Endoscopy Comorbidity Risk: Please check all that apply.

- Morbidly Obese (BMI greater than 40)
- Sleep apnea, or use of supplemental oxygen/Continuous Positive Airway Pressure (CPAP)
- History of clinically significant arrhythmia, pacemaker or Automatic Implantable Cardioverter-Defibrillator (AICD)
- Bleeding disorder or on chronic anticoagulation, e.g. Coumadin or antiplatelet therapy.
- Insulin-dependent diabetes
- Clinically Significant heart failure or kidney failure
- Chronic use of opioid medications
- Any medical conditions that may preclude moderate sedation (including a history of difficult intubation and/or any anatomical airway changes)?

OR

- None of the above apply

This information is presented to assist you in providing care to your patients. It is your responsibility to exercise your independent medical knowledge and judgment in providing what you consider to be in the best interest of the patient.

Additional Comments (optional):