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FAX completed form to (757) 481-7138 or (757) 963-5585

Questions? Call Scheduling at (757) 963-5582 or (757) 481-4817, option 1

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip Code \_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Office Contact: \_\_\_\_\_

Referring Dr's Phone \_\_\_\_\_ Referring Doctor Fax: \_\_\_\_\_

Insurance (Primary) \_\_\_\_\_ ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Insurance (Secondary) \_\_\_\_\_ ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

**REASON REFERRED:**

Consult and Treat

OR

Screening Colonoscopy Only  
(no complaints or symptoms)

- Hematochezia
- Diarrhea, Constipation, Change in Bowel Habits
- Dysphagia
- GERD
- Abdominal Pain
- Weight Loss
- Reflux
- Anemia

- Screening (age 50+)
- Family History of Polyps
- Family History of Colon Cancer
- Personal History of Polyps
- Personal History of Colon Cancer

**MEDICAL HISTORY: CHECK ALL THAT APPLY**

Hospitalizations/Major Illnesses Within Last 3 Months \_\_\_\_\_ (please specify)

- Diabetic
- CHF
- CRF
- Emphysema/Asthma
- Oxygen Use
- Other: \_\_\_\_\_
- Coumadin
- Sleep Apnea
- Seizures
- Anemia
- Cane or Wheelchair Use
- Other: \_\_\_\_\_

**PLEASE CHECK RECORDS BEING FAXED:**

- Most recent H&P
- Most Pertinent Labs
- Medication List
- Radiology Reports
- Copy of Insurance Card
- Copy of Insurance Referral (if required)

Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_

Location:  Will O' Wisp Drive  Healthy Way  Unable to Reach Patient

**Thank You for Your Referral!**