To be completed by PCP - Primary Care Physician - Office

FAST TRACK COLONOSCOPY QUESTIONNAIRE

DATE _____ NAME _____ D.O.B. _____

PHONE CONTACT NUMBER _____ BEST CONTACT TIME _____ AM_____ PM_____

INDICATION

- ☐ Asymptomatic screening, age 45-75, with individualized decisions for adults 76-85
- ☐ Positive Hemoccult or Cologuard
- ☐ Prior history of colon polyps Date of last colonoscopy: _____ Doctor _____ *PLEASE Attach report*
- ☐ Family history of colon cancer Family members(s) _____ Age at diagnosis: _____

EXCLUSION CRITERIA ***Please answer YES or NO to the following questions:***			NOTES
On Coumadin, Plavix, Xarelto, Pradaxa, Eliquis, or other antiplatelet/anticoagulant	Yes ☐	No ☐	
If this patient takes plavix, can they hold medication 5 days before the procedure?	Yes ☐	No ☐	
Daily 81mg ASA use is OK and does not need to be discontinued for the procedure. Is there a clear indication for use?	Yes ☐	No ☐	
If patient is injecting any diabetic / weight loss medication such as: Trulicity, (Dulaglutide) Bydureon Bcise (Exenatide), Mounjaro, (Tirzepatide), Ozempic, can they hold medication 7 days before the procedure?	Yes ☐	No ☐	
Congestive Heart Failure, Coronary Artery Disease, Valvular Heart Disease or Cardiomyopathy	Yes ☐	No ☐	
Are you experiencing any of the following: Rectal bleeding, abdominal pain, diarrhea, changes in bowel habits(frequency or stool caliber), unintentional weight loss?	Yes ☐	No ☐	
Have chest pain, shortness of breath, lightheadedness or syncope	Yes ☐	No ☐	
Heart surgery, cardiac stent placement, or stroke	Yes ☐	No ☐	
Pending cardiac testing	Yes ☐	No ☐	
Uncontrolled hypertension with BP > 160/100	Yes ☐	No ☐	
Cardiac Arrhythmia	Yes ☐	No ☐	
Cardiac Defibrillator	Yes ☐	No ☐	
End-Stage Renal Disease (ESRD) / Dialysis	Yes ☐	No ☐	
Chronic Neurological condition such as Huntingtons disease, Parkinson's disease, Multiple Sclerosis or ALS (Amyotrophic lateral sclerosis), Down syndrome	Yes ☐	No ☐	
Uncontrolled DM with HgA1c . 8.5% or FBG (fasting blood glucose) > 250mg/dl.	Yes ☐	No ☐	
BMI > 42 *(if answer is YES, please write BMI in notes*)	Yes ☐	No ☐	
Pregnant	Yes ☐	No ☐	
Personal or family history of maligrant hyperthermia or adverse reaction to anesthesia	Yes ☐	No ☐	
Prior difficulty with sedation and/or anesthesia	Yes ☐	No ☐	
Difficult intubation	Yes ☐	No ☐	
Pulmonary Hypertension, COPD, Emphysema, Home Oxygen use or dependence	Yes ☐	No ☐	
Head / Neck cancer	Yes ☐	No ☐	
Difficulty breathing at rest or with full flight of stairs	Yes ☐	No ☐	
Hospitalized within last 6 weeks with heart / lung problem	Yes ☐	No ☐	
Cirrhosis or Chronic Liver Disease	Yes ☐	No ☐	
Artificial valve or Coronary Stents (specific date)	Yes ☐	No ☐	
Heart Bypass (specific date)	Yes ☐	No ☐	
History of Seizures	Yes ☐	No ☐	

PATIENT MEDICAL HISTORY (NOT an exclusion criteria):			NOTES
Pacemaker	Yes ☐	No ☐	
History of Sleep apnea / Oxygen / CPAP	Yes ☐	No ☐	
Use of illicit drugs, Cannabis (medical and recreational) and Alcohol use	Yes ☐	No ☐	

Ordering provider: _____ Signature: _____

TO BE COMPLETED BY GASTROENTEROLOGIST OFFICE

FAST TRACK QUESTIONNAIRE: Approved ☐ NOT Approved ☐

RENDERING PHYSICIAN NAME: _____ Signature: _____

PROCEDURE DATE: _____ PLACE OF SERVICE: _____

All who do not meet criteria may be referred for in-office evaluation and risk assessment with appropriate screening counseling.

E-MAIL TO SCHEDULE: **Procedures@gastromedmiami.com**