

Open Access Colonoscopy

Medical Request Form

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (DAYTIME) _____ MOBILE _____

DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____

PRIMARY CARE DOCTOR _____

INSURANCE CARRIER _____ MEMBER ID# _____

GROUP# _____ INSURED NAME _____

SSN _____

SECONDARY CONTACT NAME/PHONE NUMBER: _____

PLEASE LIST ANY ACTIVE MEDICAL PROBLEMS: _____

PLEASE LIST ALL MEDICATIONS: _____

Do you take blood thinning medications? YES/NO
Do you have any allergies to medications? YES/NO
Please list: _____

Please circle Yes or No in answer to the following questions.

Heart Disease

YES/NO Coronary Artery Disease/angina/heart attack

YES/NO Congestive Heart Failure

YES/NO Valvular Heart Disease/Artificial Heart Valve

Lung Disease

YES/NO Emphysema, COPD, or Asthma that require regular medical therapy

YES/NO Sleep Apnea

General Health

YES/NO Kidney Disease

YES/NO Stroke

YES/NO Diabetes

YES/NO Do you take antibiotics when going for dental work?

YES/NO Have you had a joint replacement?

YES/NO Have you ever had a complication with anesthesia?

YES/NO Do you weigh more than 350 pounds?

Gastroenterology

YES/NO Do you see blood in your bowel movements?

YES/NO Do you have frequent constipation or diarrhea?

YES/NO Do you have relatives with colon cancer?
Who? _____

YES/NO Have you ever had a colonoscopy?

If yes, when? _____

Please return this completed form to our office. If there are no medical concerns, you will be assigned to one of our physicians to be scheduled for a colonoscopy. You may need a preliminary appointment if there are concerns identified that will need attention before scheduling your colonoscopy. Your insurance company will be notified for benefit verification. We will contract you within 10 days of receipt of this form. If you have not heard from our office within 10 days, please call (304) 425-1852 and ask for the Open Access Colonoscopy Coordinator.

Mail to: Mercer Medical Group General Surgery

201 12th Street Extension

Princeton, WV 24740

Or Fax: (304) 431-3756

Or Email: Cynthia.Christian@pchonline.org