

Gastroenterology Associates of Central Virginia, Inc.  
**Open Access Colonoscopy Questionnaire**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Insurance: \_\_\_\_\_

**Open Access Colonoscopy** is indicated for healthy patients under the age of 75 who need colonoscopy for colon cancer screening or surveillance of colon polyps. If you have signs, symptoms or meet our exclusion criteria, you will need to be scheduled for an office visit with one of our Nurse Practitioners so that she may review your health history in greater detail. If you are on certain medications, you will need an office visit.

**Indications:** (Please check any that apply)

- Colon cancer screening **Average risk - age 50 to 75** (no family history of colon cancer)
- Colon cancer screening for **high risk individual** with cancer in 1<sup>st</sup> degree relative. The AGA targets **age 40** for your first screening colonoscopy or **10 years before** your relative's age when first diagnosed.
- Follow-up colonoscopy for **personal history of colon polyps**. When was your last Colonoscopy? \_\_\_\_\_

**Exclusions:** (Please check any that apply)

- Recent symptoms such as pain, constipation, diarrhea or weight loss
- Heme positive stools, rectal bleeding, abnormal barium enema, abnormal Flex Sig
- Lung disease that is steroid/Oxygen dependant
- Class III or IV Congestive Heart Failure or Angina
- Renal failure
- Poorly controlled Diabetes If Diabetic, what is your usual sugar range? \_\_\_\_\_
- Potential airway issues such as obesity, sleep apnea, short and thick necks
- Prosthetic heart valve
- History of Endocarditis
- Systemic pulmonary shunt or synthetic vascular graft less than one year old ( will need antibiotics)
- Cardiac defibrillator
- Hemophiliac

Please list ALL of your medications, their strengths and how often you take them :

<u>Medication</u>	<u>Strength</u>	<u>How Often Taken</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Attach a page to list additional medications.

I would prefer my Colonoscopy be scheduled with:

- First Available Doctor     Dr. Hickman     Dr. Catalano     Dr. Richards     Dr. Wisniewski  
 Dr. Maffei     Dr. Nunn     Dr. Clark

Please contact me at the following phone number - \_\_\_\_\_ with appointment information.

Please email my appointment information to \_\_\_\_\_.