



# Open Access Colonoscopy Screening Program

**Patient's Full Name:**

**Address:**

**City:**

**State:**

**Zip:**

**Contact Phone Number:**

**Date of Birth:**

**Age:**

Male

Female

**Marital Status:**

S

M

D

W

**Email Address:**

**Can we contact you via email?**

Yes

No

**\* Primary Care Physician:**

**Pharmacy of Choice:**

**City, State:**

**Street Address:**

**Primary Insurance Information**

**Secondary Insurance Information**

**\* Insurance**

**Insurance**

**\* Identification #**

**Identification #**

**\* Group #**

**Group #**

**\* Policy Holder**

**Policy Holder**

**\* Relationship to Patient**

**Relationship to Patient**

**\* Holder's Date of Birth**

**Holder's Date of Birth**

**\* Since screening costs are covered by insurance providers, this information is required.**

Southwest General's Open Access Colonoscopy Screening Program is available to expedite patient care for screening colonoscopies for patients who are healthy and are not experiencing signs or symptoms of a GI health concern. Patients of this program must be in stable, good health and should not require a thorough evaluation by a gastroenterologist prior to scheduling the screening procedure. At the time of endoscopy, a provider will obtain a brief history and physical of the patient to determine the medical safety of the procedure and to confirm the indication; patients do not receive a full consultation. Once the procedure has been performed, a report and interpretation of findings will be mailed to the referring provider or primary care provider listed by the patient and available on the Patient Portal (as functionality allows). Additional reports (such as biopsy and cytology) from specimens obtained during the procedure will be forwarded when available. This program is not intended for patients experiencing gastrointestinal symptoms or problems and should not be used to obtain medical attention for a medical condition or emergency. Any concern that arises from the questionnaire when the physician reviews the information is subject to result in exclusion from the program and require a full consultation prior to the procedure being scheduled. Southwest General has time slots for all the gastroenterologists on the Southwest General Medical Staff who have chosen to participate in this program. The physicians participating in the open scheduling program are members of the Southwest General Medical Staff and have not paid the hospital to be included in the program. Any participating physician may allow a current patient to go through the Open Program for a diagnostic or surveillance colonoscopy, if applicable. However, according to billing/coding guidelines, if a colonoscopy was performed in the past, the patient may be responsible for an out-of-pocket cost when deemed as diagnostic and not preventative.

**Signature**

**Date**

**Please fill out the medical questionnaire on the next page**



**Southwest General**

Partnering with  University Hospitals

# Open Access Colonoscopy Screening Program Medical Questionnaire

**Patient's Full Name:**

Have you had a colonoscopy before? Yes      No

If so, when was your last colonoscopy?

Have you ever had kidney failure or dialysis? Yes      No

Do you take insulin or diabetic medication? Yes      No

Have you ever been diagnosed with congestive heart failure? Yes      No

Do you have an implanted defibrillator? Yes      No

Do you have mitral valve prolapse or artificial heart valve problem? Yes      No

Have you had a heart attack or stroke in the past 12 months? Yes      No

Have you had a heart stent placed in the past 12 months? Yes      No

Do you require oxygen at home for lung problems?  
(As opposed to oxygen for sleep apnea, which would be acceptable) Yes      No

Do you have sleep apnea? Do you wear CPAP, BiPAP, or NIPPV? Yes      No

Have you had unexplained chest pain or shortness of breath in the past 3 months? Yes      No

Do you weigh over 250 pounds (female); 300 pounds (male)? Yes      No

Have you had a fever or felt ill in the past two weeks? Yes      No

Do you have an alcohol or other chemical dependency? Yes      No

Are you regularly taking any prescription pain medications? Yes      No

Are you allergic to latex? Yes      No

Have you ever had a colon polyp removed? Yes      No

Are you taking blood thinners other than aspirin? If yes, please mark all that apply on the list below. Yes      No

| <b>Generic</b> | <b>Trade</b> | <b>Generic</b> | <b>Trade</b> | <b>Generic</b> | <b>Trade</b> |
|----------------|--------------|----------------|--------------|----------------|--------------|
| Anagrelide     | Agrylin      | Clopidogrel    | Plavix       | Rivaroxaban    | Xarelto      |
| Apixaban       | Eliquis      | Dabigatran     | Pradaxa      | Ticagrelor     | Brilinta     |
| Argatroban     | Acova        | Fondaparinux   | Arixtra      | Ticlopidine    | Ticlid       |
| Cilostazol     | Pletal       | Prasugrel      | Effient      | Warfarin       | Coumadin     |

Please fill out and print this form and either mail or fax to:

**Surgery Scheduling**  
**ATTN: Open Access Colonoscopy Screening Program**  
18697 Bagley Road  
Middleburg Heights, OH 44130  
Fax: 440-816-8677