KootenaiClinic

1919 Lincoln Way, Suite 416
Coeur d' Alene, ID 83814
(208) 625-4595 phone (208) 625-4596 fax

FAX COVER

Referral form to Kootenai Clinic Gastroenterology & Endoscopy

Patient Name: _____ Date of Birth: _____

Patient Phone Number(s): _____

Referring Provider: _____ Phone Number: _____

Referring for (please select below options):

☐ Colonoscopy
- ○ Routine screening /surveillance
- ○ Diagnostic

☐ EGD ☐ EGD / CSP

☐ ERCP ☐ EUS ☐ ERCP / EUS

☐ Evaluation / Treat: _____

Medical Condition(s) present:

- ☐ MI ≤ 6 months
- ☐ Cardiac Event ≤ 6 months
- ☐ Date of last EKG: _____
- ☐ Home O2
- ☐ CKD with Cr ≥ 2.0
- ☐ Pregnant
- ☐ CHF (EF < 40%)
- ☐ GSN / CPAP
- ☐ BMI ≥ 50
- ☐ History of polyps or abnormal scope
- ☐ Family history of colon cancer

Medications:

Diabetic medications: ☐ Oral ☐ Insulin
Anti-Coagulation: _____

☐ Okay to hold Anti-coagulation per Endoscopy Medication Management Protocol
☐ Protocol not appropriate for this patient, bridge therapy per recommendations below

_____
_____
_____

Please fax this form and all the available listed below to (208) 625-4596:

- ○ Last pertinent chart note
- ○ Medication list (if not in chart note)
- ○ Relevant, current labs, imaging or pathology
- ○ Prior outside GI evaluations
- ○ Demographics
- ○ Insurance referral (if applicable)