Referral to GI Diagnostic Lab at Froedtert Hospital

Patient Information

Patient Name (first, middle initial, last)			Sex ☐ Male ☐ Female	
Address				
City	State	Zip Code	Date of Birth	
Phone Number:			Height	Weight/BMI
Patient Insurance Information (if available)				

Referring Physician Information

Referring Physician's Name			Date
Office Address			
City	State	Zip Code	Phone
Fax			

Procedure Requested

□ Capsule Endoscopy	□ Endoscopic Retrograde Cholangiopancreatography (ERCP)
□ Diagnostic Colonoscopy	□ Endoscopic Ultrasound (EUS) Pancreaticobiliary
□ Screening Colonoscopy	□ Other:
□ Upper Endoscopy (EGD)	

Would you like us to arrange for G.I. clinic follow-up depending on results of examination?	□ Yes	□ No

Indication for Procedure

The Following Must Be Completed To Schedule A Procedure:

Can the patient sign their own consent?	□ Yes	□ No
Does the patient need an interpreter? *If yes, what language?*	□ Yes	□ No
Is the patient on insulin for diabetes?	□ Yes	□ No
If Yes, Oral diabetic medication will be held and the Froedtert Diabetes Care Pre-Procedure Protocol will be followed.		
Is the patient on anticoagulant/antiplatelet therapy?	□ Yes	□ No
If yes, the Froedtert Endoscopy Anticoagulant and Antiplatelet Protocol will be followed unless otherwise indicated below. Aspirin will not be held unless patient is undergoing a Liver Biopsy or PEG placement.		
Does the patient have any of the following?		
Morbidly Obese (BMI >40)	□ Yes	□ No
OSA	□ Yes	□ No
CHF	□ Yes	□ No
Home O2	□ Yes	□ No
Cardiac Event within the last 12 months	□ Yes	□ No
Difficulty with sedation/anesthesia	□ Yes	□ No
Chronic opiate dependence	□ Yes	□ No
Developmentally delayed/elderly with dementia	□ Yes	□ No

Please fax this form with most current H&P to 414-259-0856. Call 414-805-2901 Option "1" & Option "1" with questions

Thank you for referring your patient to the Froedtert Hospital GI Diagnostic Lab!