

Patient Information

Patient Name (first, middle initial, last)			Sex <input type="checkbox"/> Male <input type="checkbox"/> 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

<input type="checkbox"/> Smart Pill	<input type="checkbox"/> 24 pH/Impedance study <input type="checkbox"/> on PPI <input type="checkbox"/> off PPI	<input type="checkbox"/> Glucose Breath Test <input type="checkbox"/> with scintigraphy <input type="checkbox"/> without scintigraphy
<input type="checkbox"/> Esophageal Manometry	<input type="checkbox"/> Bravo <input type="checkbox"/> on PPI <input type="checkbox"/> off PPI	<input type="checkbox"/> Other:
<input type="checkbox"/> Anorectal Manometry	<input type="checkbox"/> Breath Hydrogen	
<input type="checkbox"/> Ambulatory pH Monitoring <input type="checkbox"/> on PPI <input type="checkbox"/> off PPI	<input type="checkbox"/> Lactose <input type="checkbox"/> Glucose	
Would you like us to arrange for G.I. clinic follow-up depending on results of examination?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Indication for Procedure

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The Following Must Be Completed To Schedule A Procedure:

Does the patient use an assistive device (wheelchair, walker, cane, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the patient need an interpreter? <i>If yes, what language?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the patient require a hooyer lift?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the patient have any of the following?		
Chronic opiate dependence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home O2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Developmentally delayed/elderly with dementia	<input type="checkbox"/> Yes	<input type="checkbox"/> 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!