



Memorial Medical Center

Neillsville, Loyal, Greenwood

Care...at its best

FORMS YOU NEED TO COMPLETE AND RETURN:

- **COLONOSCOPY QUESTIONNAIRE**
- **PATIENT STATEMENT FOR COLONOSCOPY**
- **WELCOME TO OUR PRACTICE - REGISTRATION FORM**
- **INSURANCE COMPANY INFORMATION FORM**

**TO SUBMIT THESE FORMS, SIMPLY DROP THEM OFF AT
OUR OFFICE AT 216 SUNSET PLACE NEILLSVILLE, WI
54456**

**OR MAIL THEM TO:
MEMORIAL MEDICAL CENTER
ATTN: CLINIC RN
216 SUNSET PLACE
NEILLSVILLE, WI 54456**

FAX # 715-743-8027

Memorial Medical Center
216 Sunset Place
Neillsville, WI 54456
715-743-3101



PATIENT NAME: _____ DATE OF BIRTH: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

Colonoscopy Questionnaire

Memorial Medical Center has developed a program which allows healthy individuals to schedule screening colonoscopy without the need for an office visit before the procedure. If your physician has suggested that you have a colonoscopy, you may qualify for this program. Of course, not all patients will be able to safely undergo colonoscopy without a more detailed evaluation of their health history and their risks for the procedure. If that is the case for you, we will help you schedule an office visit so that a physician can review your medical history, assess your current condition, and determine how to best meet your health needs.

PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE. SOMEONE FROM OUR OFFICE WILL CONTACT YOU WITHIN 10 DAYS.

1. How old are you today? _____
2. Have you had a colonoscopy in the past? Yes No
 - a. If the answer is yes, when and where _____
 - b. What are the results? _____
3. Why are you requesting a colonoscopy? _____
4. Is there a family history of colon cancer or polyps? Yes No
5. Which relative had cancer or polyps and how old were they? _____
6. Did a physician recommend a colonoscopy? Yes No
 - a. If so, who? _____
7. Do you have any gastrointestinal symptoms such as abdominal pain, bleeding, weight loss, diarrhea, constipation, or anemia? Yes No
8. Have you ever had any of the following?
 - a. Ulcerative colitis or Crohn's disease Yes No
 - b. Heart attack, irregular heartbeat, coronary artery bypass or stent placement, stroke, seizure, fainting spells or congestive heart failure Yes No
 - c. Renal failure or dialysis Yes No
 - d. Respiratory problems (COPD, emphysema, home oxygen, or asthma) Yes No
 - e. Diabetes or sleep apnea Yes No
 - f. Defibrillator, pacemaker, or artificial heart valve Yes No
 - g. Organ transplant, other than cornea Yes No
9. Do you have MRSA (Methicillin-Resistant Staphylococcus Aureus) Yes No
10. Have you had a joint replacement? Yes No

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11. Do you smoke? Yes No
12. How often and how much? _____
13. Do you take any of these blood thinning medications? Please check any of the ones you take daily.
 Coumadin (warfarin) Aspirin Lovenox (enoxaparin) Pradaxa (dabigatan)
 Trental (pentoxifylline) Plavix (clopidogrel) Eliquis (apixaban) Xarelto (rivaroxaban)
14. Do you have any bleeding problems? _____
15. Do you have any allergies to medications or eggs? If so, please list _____

16. **LIST ALL MEDICATIONS THAT YOU TAKE INCLUDING HERBALS AND OTHER OVER THE COUNTER MEDICATIONS:**

17. Have you had difficulty with anesthesia other than nausea? Yes No
18. Are you able to walk without help? Yes No

HEIGHT: _____ **WEIGHT:** _____

To submit this form, simply drop it off at our office at 216 Sunset Place, Neillsville, or mail it to Memorial Medical Center, Attn: Clinic RN, 216 Sunset Place, Neillsville, WI 54456.

To be completed by staff:

Reviewed By: _____ Date: _____ Time: _____

Patient Statement for Colonoscopy

- A Colonoscopy is designed to allow healthy, age appropriate patients to have a screening colonoscopy without an office visit. The Questionnaire that I have completed will be carefully reviewed and I may be called for points of clarification. For my safety, depending on the answers provided, I understand I may be scheduled directly for a Screening Colonoscopy or if I do not meet criteria, an office visit will be scheduled.
- I understand that by choosing to pursue a Colonoscopy I have not, nor during this process will I have, a GI consultation. I understand that I have the choice to make an appointment for an office visit to discuss colonoscopy and have declined to do so. I also understand that I will require a separate office visit to address any GI complaints I might have.
- If I am scheduled directly for a Screening Colonoscopy I will be called regarding preparation for the procedure, the procedure itself, and post-procedure concerns; I will get a brief physical exam on the morning of the procedure. I will read the information provided and make sure that I understand and will be able to comply with the instructions given.
- I understand that, while not likely, there are risks involved with colonoscopy as with any medical procedure. These risks are outlined in the information that I have received. I have reviewed this information to my complete satisfaction and I understand the risks and the benefits of colonoscopy.
- Should I have any changes in my health status or insurance after being scheduled, or any questions about the information I receive by mail I will call the office.
- I understand that I must have someone drive me to the procedure and wait at the hospital to drive me home.

Without a driver in attendance the procedure will be cancelled

SIGNATURE _____ DATE _____

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**Welcome to our practice.
Please complete all sections of this registration form. Thank you.**

Patient Information

Last Name _____ First _____ MI _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Sex M F Marital Status: Single Married Other Student: FT PT

Employed By _____

Email Address _____ Cell Phone # _____

Home Phone # _____ Work Phone # _____

Date of Birth _____

Emergency Contact Name _____ Relationship _____ Phone # _____
(Other than numbers listed above)

Federal Government Requirement: Race _____ Language Spoken _____

Ethnicity: Hispanic or Latino Non-Hispanic or Non-Latino

Pharmacy Name, Address, Phone #, Fax #: _____

Mail Order Pharmacy Name, Address, Phone #, Fax #: _____

PLEASE BRING ALL MEDICATIONS TO YOUR APPOINTMENT

Referral Information

Primary Care Physician _____

Address _____ Telephone # _____

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Insurance Company Information

Primary Insurance Name _____
Primary Insurance Phone Number _____
Policy Holder Name _____
Primary Insurance ID Number _____
Primary Insurance Group Number _____
Patient relationship to policy holder Self Spouse Child Other

Secondary Insurance Name _____
Secondary Insurance Phone Number _____
Policy Holder Name _____
Secondary Insurance ID Number _____
Secondary Insurance Group Number _____
Patient relationship to policy holder Self Spouse Child Other

I AUTHORIZE ANY HOLDER OF MEDICAL OR OTHER INFORMATION ABOUT ME TO RELEASE THIS INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION, HEALTH CARE FINANCING ADMINISTRATION, MY INSURANCE COMPANY OR ITS INTERMEDIARIES OR ITS CARRIERS, OR TO THIS PHYSICIAN'S OFFICE OR TO MY ATTORNEY OR OTHER DOCTORS OFFICE.

I AUTHORIZE DIRECT PAYMENT OF MEDICAL BENEFITS AND/OR SURGICAL BENEFITS, TO INCLUDE MAJOR MEDICAL BENEFITS TO WHICH I AM ENTITLED, INCLUDING MEDICARE, PRIVATE INSURANCE, AND ANY OTHER HEALTH PLAN TO MEMORIAL MEDICAL CENTER. I ALSO PERMIT A COPY OF THIS AUTHORIZATION TO BE USED IN PLACE OF THE ORIGINAL. THIS ASSESSMENT WILL REMAIN IN EFFECT UNTIL REVOKED BY ME IN WRITING. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES WHETHER OR NOT PAID BY SAID INSURANCE.

DATE _____ SIGNATURE _____

Colonoscopy Information Sheet

This information sheet is provided to help you understand colonoscopy. If you have questions after reading this sheet, please do not hesitate to ask them. Upon your arrival at the facility for your procedure you will be asked to sign a consent form.

What is a colonoscopy?

Colonoscopy is an examination of the large intestine using a flexible tube (colonoscope) with a video camera at the end. The tube is inserted into the rectum and advanced through the colon. At the time of the examination the doctor can take tissue samples (biopsies) or remove abnormal growths such as polyps. Other procedures are sometimes performed such as applying clips or electrocautery to prevent or control bleeding, or injecting dye. Patients are given medication through an intravenous line (IV) and are sleepy or asleep throughout the procedure. On average, the procedure takes between 20 minutes and an hour.

Why is a colonoscopy done?

Colonoscopy is done to detect colon cancer or pre-cancerous polyps in both average risk individuals and in those with an increased risk of colon cancer, such as those with a family history of colon cancer or a personal history of inflammatory bowel disease. It is also done as part of the evaluation of symptoms such as rectal bleeding, diarrhea, change in bowel habits and other conditions.

What is the success rate of a colonoscopy?

An examination of the entire colon is possible in most patients. Occasionally a complete examination is not possible because of narrowing of the colon, the presence of an unusually long and twisty colon, or looping and sharp angulation (usually from scarring related to previous surgery or diverticulitis). Even when the entire colon can be reached with a colonoscope, there is a chance that a polyp or other abnormality will not be seen. This chance is higher when pre-colonoscopy cleansing of the colon is not adequate, but still exists even when the colon is well prepared. If the examination is incomplete, you may need additional testing such as barium enema x-ray or CT colonography (virtual colonoscopy), or perhaps another colonoscopy.

What are the risks of a colonoscopy and associated procedures?

Colonoscopy is considered a relatively safe procedure, but serious complications occur in about 1 person out of 100 (0.1%). These complications include infection, perforation (puncture or tear of the bowel wall creating a hole), bleeding (frequently from a treatment site, such as the place where a polyp was removed), cardiac problems such as a heart attack or rhythm disturbances, sedation related complications such as aspiration or decreased respiration, and even death which is quite rare. While a complete listing of possible rare complications would be quite lengthy, this list includes some of the most significant risks.

What are the alternatives to colonoscopy?

There are several other methods which can be used to examine the bowel. These include a limited examination which is confined to the rectum and lowest portion of the colon (flexible sigmoidoscopy), barium enema x-ray, and CT colonography (virtual colonoscopy). Examination of the stool for the presence of microscopic amounts of blood can be used as a screening technique for colon cancer.

What can I expect after the procedure?

You may feel bloated or have cramping for 1-2 hours after the procedure is completed. You may feel tired and need to take a nap once you are back home. It is common to go for a day or two without a bowel movement. If biopsies are done or a polyp is removed, you may see a small amount of bleeding from the rectum. You should plan to eat a light meal after the procedure, and then return to a normal diet if you are feeling fine. You should be completely recovered and able to return to your usual activities the next day. You cannot drive for a minimum of 12 hours after your sedated procedure.

Colonoscopy Preparation Instructions

The hospital staff will call you the day prior to your surgery to provide you with the time you will need to arrive on your surgery day. If you have not spoken with them by 3:00 pm on the day prior, please call (715) 743-3101 and ask for the OR Nursing staff.

*****If you become ill or have a change in your health prior to your procedure, please contact your primary care physician or contact our office, as you may need to be seen.*****

5-7 DAYS PRIOR

Avoid high residue fruits and vegetables like tomatoes, corn, popcorn, cucumbers or any fruits with seeds.

*****The below prep prescriptions have been called to the pharmacy of your choice that you gave us*****

DAY BEFORE

1. Eat and drink only clear liquids the day before your procedure: Clear liquids are those that you can see through, such as clear juice (those without pulp, such as apple juice), water, and carbonated beverages like Seven-Up, or Ginger Ale, tea, clear jello, clear broth, or coffee without cream. NO red or grape juice or red or grape jello.
2. ** Mix the bowel prep Go Lytely in the morning. (It will taste better if it's refrigerated.)
3. Take 2 Bisacodyl (Dulcolax) tablets at noon.
4. Split Dosing Prep Instructions: Drink half (2 liters) of the prep between 6 and 8 pm. One 8 oz glass every 15 minutes is recommended. You may continue on the clear liquid diet until you start drinking the 2nd half of the prep. Start drinking the 2nd half of the prep 4 hours before your scheduled arrival time. You must completely finish the prep and stop drinking all liquids 2 hours before your arrival time.

**Some people may experience chills while taking this prep. If you experience nausea, slow down and drink more slowly.

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DAY OF:

1. Do not eat breakfast the morning of your procedure. You will be advised on how to take your medications when you are contacted with your appointment information.
2. If you take Insulin, take $\frac{1}{2}$ your usual dose the morning of your procedure -OR- wait until you get to the hospital to have your blood sugar checked.
3. If you have inhaler(s) or a CPAP machine, bring them with you.
4. Bring your list of current medications and your insurance card.
5. Leave valuables at home. Do not wear makeup, nail polish or jewelry. Do not wear contact lenses. Bring a container for storing glasses or hearing aids.
6. Someone will need to accompany you to drive you home after the procedure.
7. If you are unable to keep your appointment, please call (715) 743-3101 ext. 1111 at least 48 hours in advance.
8. If you have any questions, please call our office at (715) 743-3101 ext. 1111