



What Is Colon Cancer Screening?

“Screening” is a term used to describe a test for the early diagnosis of common cancers. Screening tests are ordered before symptoms develop. Colon cancer is now the second leading cause of cancer deaths in the USA. The incidence is equal in both men and women. The current recommendation for colon cancer screening by the American Cancer Society is a colonoscopy at age 50. Future exams are planned based on the findings. If a screening colonoscopy is normal and there are no other confounding factors such as a strong family history of colon cancer or specific gastrointestinal symptoms, the next exam would be recommended in 7 to 10 years.

What is a Colonoscopy?

A colonoscopy is the procedure recommended by the American Cancer Society for colon cancer screening. There are three basic parts to a colonoscopy procedure. The day before the exam you will follow a clear liquid diet; otherwise the day’s activities are unrestricted. That evening you take medication that will induce diarrhea to cleanse the colon for the next day’s exam. The next morning you are brought to the designated facility where an IV is started and you are sedated in a monitored setting for the procedure. The procedure is simply the passage of a flexible thin tube with a camera on the tip through the large intestine or colon for inspection and potential removal or biopsy of polyps or abnormal growths. Following the exam and a short recovery period you are discharged home with your escort and are instructed to relax the rest of the day. Typically there are no restrictions after that.

What is Open Access Colonoscopy?

In order to make this effective and important screening procedure more easily accessible to everyone we have developed this open access colonoscopy program. The program is designed to allow well patients without significant gastrointestinal symptoms to have a colonoscopy without the inconvenience of a preliminary office visit. There are many groups across the country with similar programs and we believe it to be safe and appropriate for the right patients. To qualify you must complete the medical questionnaire on the reverse side of this page. It is important that patients 65 and older have a history and physical on file with their primary care physician within 30 days of their Open Access colonoscopy. This can be easily obtained through your primary care provider. After your questionnaire is reviewed, you will be contacted and set up for either a colonoscopy or an office visit. Participation in the Open Access Colonoscopy Program is contingent upon pre-procedure insurance approval.

How do I Enroll in the Open Access Colonoscopy Program at CGH?

If you’ve read over the above information and feel you would be a good candidate for this program, simply turn the page over and complete the short medical questionnaire and fax or mail the completed form as instructed. We’ll contact you upon receipt.

“We look forward to caring for you.” The Doctors & Staff of CGH

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Michael W. Ryan, MD

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
TELEPHONE (DAYTIME) _____ MOBILE _____
DOB _____ PRIMARY CARE MD _____
INSURANCE CARRIER _____ MEMBER ID # _____
GROUP# _____ INSURED NAME _____ RELATIONSHIP _____
SOCIAL SECURITY NO. _____ INS. CUST. SERV. TEL# _____
LOCATION REQUESTED: _____ PHYSICIAN REQUESTED: _____
 SELF-PAY NO INSURANCE
WHO ARE WE ALLOWED TO CONTACT IN THE EVEN YOU ARE UNAVAILABLE? _____

RE: PROCEDURE CONFIRMATION & HIPPA COMPLIANCE

Please list any active medical problems. _____

Please list all medications (include over the counter products) _____

It is important that patients 65 and older have a history and physical on file with their primary care physician within 30 days of their Open Access Colonoscopy. This can be easily obtained through your primary care provider. Have you met that criteria?

Yes / No Date of exam _____ MD: _____

Do you take blood thinning medication? (coumadin, aspirin, or plavix) Yes / No

Do you have any allergies to medications? Yes / No please list. _____

Please circle Yes or No in answer to the following medical history questions.

Heart Disease

Yes/No Coronary Artery Disease/angina/heart attack

Yes/No Congestive Heart Failure

Yes/No Valvular Heart Disease/Artificial Heart Valve

Lung Disease

Yes / No Emphysema, COPD, Asthma, or Bronchitis requiring regular medical therapy

Yes / No Sleep Apnea

General Health

Yes / No Kidney Disease

Yes / No Stroke

Yes / No Diabetes

Yes / No Do you take antibiotics when going for dental work?

Yes / No Have you had a joint replacement within the last year?

Yes / No Have you ever had a complication with anesthesia?

Yes / No Do you weigh more than 350 pounds?

Gastroenterology

Yes / No Do you have heartburn more than twice a week?

Yes / No Do you see blood in your bowel movements?

Yes / No Do you have frequent constipation or diarrhea?

Yes / No Do you have relatives with colon cancer? Who? _____

Please return this completed form to our office. If there are no contraindications you will be assigned to one of our physicians to be set-up for a colonoscopy. You may need a preliminary appointment if there are medical concerns identified that would need attention before scheduling your colonoscopy. Your insurance company will be notified for benefit verification. We will contact you within 10 days of receipt of this form. *If you have not heard from our office within 10 days please call (704) 602-2813 and ask for the Open Access Triage Coordinator.*

Mail To: OPEN-ACCESS COLONOSCOPY AT CGH
Charlotte Gastroenterology and Hepatology
13808 Professional Center Drive - Huntersville, NC 28078

Or

FAX: OPEN-ACCESS COLONOSCOPY- (704) 892-6638