

Gastroenterology Consultation Form (Independent Medical Specialists Inc)

Today's Date _____

Date of Birth: _____

Last Name: _____

First Name: _____

MI

1)

What is the main issue for this consulting care is being rendered?

☐ GERD ☐ yrs ☐ PPI/H2RA ☐ Dysphagia ☐ Melena ☐ Wt loss ☐ Obesity

☐ Abdominal pain / bloating For mo/yr ☐ Upper / lower L / R burning / cramp / sharp / dull / radiation

☐ Constipation For mo/yr Hard BMs/wk: 1 / 2 / 3 ☐
Painful _____

☐ Diarrhea BMs/day: 1 / 2 / 3 watery / Loose / formed ☐ FI ☐ urgency ☐ nocturnal

☐ CRC SCRN: ☐ NO Colon before ☐ Last colon appr. yrs ago ☐ +ve FIT ☐ Hematochezia

2)

Have you had any of the following procedures in last 5 years?

☐ EGD: yr / mo ago nl / Ulcer / Gastritis / Hernia / Barrett's / ? / Other: _____

☐ Colon yr / mo ago nl / Polyps / Diverticuli / Nothing / Don't know / Other: _____
Rec Rpt ? / yrs

☐ CT /US yr / mo ago nl /

3)

Allergies and medications (if none, write NKDA):

☐ a separate list for medications / Allergies for details, if any.

4)

Are you taking any of the following medications?

☐ Blood thinners (Plavix, Warfarin/Coumadin, Aspirin, Aggrenox, Pradaxa, Eliquis etc.)

☐ Garlic, St John's wart, Saw Palmetto or other herbs: _____

☐ Narcotics (Vicodin, Codeine, etc.) / MJ or other Frequency

5)

Do you have blood in the stool? Y N (If the answer is No, skip this section.)

How long has it been going on? _____ weeks / months / years intermittently

What color is the color of blood? Bright red / Maroon / Black How much blood? Small / large amount

Do you have any of the following problems? (Circle Y for yes and N for No)

Y N Bloating Y N Belching Y N Indigestion Y N Vomiting

Y N Excessive gas Y N Heartburn Y N Nausea Y N accidents with stool

Additional details:

☐ Help from family or others for key hx component

☐ Transportation difficulties

☐ Interpretation

☐ Data from two external sources reviewed

☐ Financial difficulties

6) Please circle Y for yes and N for no for each item below . X if not sure. Check mark, if assessed.

Medical Illnesses								
Y	N	Anemia	Y	N	High blood pressure	Y	N	Liver disease
Y	N	Anesthesia reaction	Y	N	Blood clots	Y	N	Crohn's or Ulcerative colitis
Y	N	Arthritis	Y	N	Kidney disease	Y	N	Colon polyp or cancer
Y	N	Asthma	• Are you on dialysis? Y N			Y	N	Diverticulosis
Y	N	Bleeding.blood disorder	Y	N	Prostate problems (males)	Y	N	Hemorrhoids
Y	N	Diabetes	Y	N	Stroke	Y	N	Ulcer Disease
Y	N	Endometriosis (females)	Y	N	COPD	Y	N	COVID-19 Doses : 1 2 3
Y	N	Epilepsy	Y	N	Thyroid disease	Y	N	Sleep apnea. C-PAP? Y N
Y	N	Heart disease						

Past Surgeries								
Y	N	Aortic aneurysm surgery	Y	N	Gall bladder removal	Y	N	Prostate Cancer (males only)
Y	N	Carotid artery sugery	Y	N	Hiatal hernia surgery	Y	N	Coronary bypass graft
Y	N	Stent in heart	Y	N	Wt loss surgery	Y	N	Joint replacement Surgery
When was last one: ___Year & ___Month			Y	N	Colon or bowel resection	For females:		
Y	N	Heart surgery	Y	N	Hemorrhoidectomy	Y	N	hysterectomy
Y	N	Pacemaker	Y	N	Bowel obstruction	Y	N	Endometriosis surgery

☐ The above check-marked conditions have been assessed by me and are stable except none /.

☐ Problems with check-marked conditions:

7)

Family History

☐ Colon polyps/cancer ☐ Crohn's disease or ulcerative colitis ☐ Ulcer

(give us details about any of the following diseases in your family members including age at diagnosis)

8)

Female patients only

LMP: ____ Could you be Pregnant? Y / N Have you had childbirth complications? Y / N

9)

Social History

Do you smoke cigarettes or marijuana? Y / N

Do you drink alcohol more than twice a week? Y / N

10) Other consultants on case: Card Pulm Hem-Onc

Analysis of data: Serious or life threatening conditions which are considered in differential (not necessarily most likely):

☐ colon cancer ☐ colitis ☐ bowel ischemia/obstructn ☐ peptic ulcer ☐ esophageal/gastric CA ☐ pancreatic CA

11) ROS:

Review of Systems (Circle what you have)		
<u>General</u>	<u>Respiratory and Cardiovascular</u>	<u>Musculoskeletal</u>
Y N Fever/Chills	Y N Persistent cough	Y N Joint pains
Y N Tiredness	Y N Bringing up phlegm	Y N Backache
Y N Poor appetite	Y N Difficulty breathing	Y N Difficulty walking/ standing
Y N Weight loss	Y N Can you go up 2 flights of	Y N Muscle weakness
• How much in last 6 month? _____	Stairs without getting short of breath?	<u>Psychiatric and neurologic</u>
Y N Weight gain	Y N Angina	Y N Depression
• How much? _____ lbs	Y N Shortness of breath at night?	Y N Anxiety
• In how much time?	<u>Hematology</u>	Y N Seizures
	Y N Easy bruising or bleeding	

PE:

- ☐ A & O X3 . Capable of making decisions ☐ Alert but not oriented but not capable of making decisions ☐ Confused
☐ Not in distress ☐ Recorded Vitals

Heart: ☐ HS nl NO gallop ☐ Murmur **Lungs** ☐ Clear to A & P **Abd:** ☐ BS: nl soft, non-tender, no organomegaly detected

Decision-making and Management Plan (See official printed record for details)

Action to be taken:

- ☐ High fiber diet. Increase water intake ☐ Anti-GERD Measures
☐ Colonoscopy / EGD to be schedule at ☐ Surgery center ☐ St Agnes ☐ NPO after MN ☐ 1-d prep ☐ After extensive prep

The risks, benefits and alternatives were explained to pt/authorized person. Risks included, but not limited to bleeding, perforation, infection, suppression of breathing, cardiac problems including heart attack, stroke, seizures, coma and even death.

- ☐ Consent to be obtained from the pt / authorized individual

☐ Meds prescribed ☐ GoLYTELY ☐ List:
 :

Provider Signature

Date