



Today's Date: _____

Referring Physician: _____ Phone #: _____

Please check one: Open Access Colonoscopy Screening Appointment needed

Patient Information

Patient Name: _____

Date of Birth: ___/___/___

Phone Numbers: _____

Preferred Location: Chesapeake Virginia Beach Norfolk

Preferred Date: ___/___/___

Can the patient give consent? YES NO

If NO, provide contact person and phone #: _____

Insurance Information

Primary Carrier: _____ Contract# _____

Secondary Carrier: _____ Contract # _____

Clinically Relevant Conditions (please check all that apply)

- _____ Anesthesia problems in the past
- _____ Anti-platelet drugs (Plavix, aspirin, Aggrenox, NSAIDs)
- _____ Anticoagulant (Coumadin)
- _____ Pacemaker or defibrillator
- _____ CHF
- _____ Chronic liver disease/Cirrhosis
- _____ COPD
- _____ Endocarditis
- _____ Prosthetic Heart Valve
- _____ Prosthetic joint <6 month old
- _____ Renal insufficiency. If so, latest serum creatinine _____.
- _____ Sleep apnea
- _____ Previous colonoscopy/flexible sigmoidoscopy? Date: ___/___/___

Additional Information

Norfolk Office
160 Kingsley Lane, Suite 200
Norfolk, Virginia 23505
(757) 889-6800
Fax (757) 547-0145

Virginia Beach Office
5701 Cleveland Street, Suite 100
Virginia Beach, VA 23462
(757) 547-0798
Fax (757) 547-0145

Chesapeake Office
112 Gainsborough Square, Suite 200
Chesapeake, Virginia 23320
(757) 547-0798
Fax (757) 547-0145

1. Please **Fax 757-547-0145** the patient's recent H&P and current Medication list.
2. We (GAT) will call patient for scheduling the procedure and prep instructions.