



SCREENING OR DIAGNOSTIC COLONOSCOPY QUESTIONNAIRE GI

1. Have you had any severe, frequent changes in your bowel habits in the last 30 days? (diarrhea, constipation, or other).
2. Have you noticed any bright red or brown blood in your stools?
3. Have you had any frequent cramping and/or abdominal pain and tenderness in the past 14 days that you cannot explain?
4. Do you have a family history (primary relative-parent, sibling or child) that has had colon cancer?
5. Are you experiencing any rectal pain that will not subside?
6. Are you Anemic? Or suffer from anemia?
7. Have you had a drop in your weight, without diet or increased exercise that would cause concern?
8. Do you feel any areas of weakness and fatigue that is more than the norm with bowel changes?
9. Have you been diagnosed with IBD? (Inflammatory Bowel Disease?)

10. Are you on any blood thinners (Coumadin) or high risk medications we should be aware of?

If any of these questions were answered YES, then the patient needs to be scheduled for an office visit (new or established) to determine the need for the “Diagnostic Colonoscopy” and/or to be medically cleared for the Diagnostic Colonoscopy (45378).

If all of these questions received a “NO” response ask:

1. Are you over 50 years old and your PCP referred you here for a Screening?

If “yes” to the above one question, then you have a screening to schedule and no E/M. The patient can be sent over to the hospital or endoscopy center for the procedure. This is referred to as **“Open Access” GI screening.**

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