



## Virtual Colonoscopy Request

<b>Referral Date</b>		<b>VC Date</b>	
<b>Patient Information</b>			
<b>Name</b>			
<b>DOB</b>			
<b>Phone (work and home)</b>			
<b>Referring MD</b>			
<b>History</b>			
<b>Congestive heart failure (CHF)</b>		Yes	No
<b>Renal failure/insufficiency</b>		Yes	No
<b>Hypertension</b>		Yes	No
<b>VC for Screening</b>			
<b>History of colon polyps</b>	Yes	No	<b>Family hx of CRC</b>
	Yes	No	Yes
	No	No	No
<b>Bleeding</b>	Yes	No	<b>Anemia</b>
	Yes	No	Yes
	No	No	No
<b>Pain</b>	Yes	No	<b>Anticoagulation</b>
	Yes	No	Yes
	No	No	No
<b>Prior OC (if yes, fax report)</b>	Yes	No	<b>Recent Abdominal Surgery</b>
	Yes	No	Yes
	No	No	No
<b>VC for Incomplete Colonoscopy</b>			
<b>Quality of prep</b> <small>(If not "Excellent", contact Rad or Nurse prior to scheduling)</small>		Excellent	Intermediate or Poor
<b>Polypectomy or cautery performed</b>		Yes	No
<b>Scope passed to which segment (Circle one)</b>		Cecum	Ascending
		Splenic Flexure	Hepatic Flexure
		Descending	Transverse
		Sigmoid	Sigmoid
<b>Reason for Incompletion</b>		Tortuosity	Adhesions
		Diverticulosis	Stricture
		Mass	Mass
<b>Endoscopy report with patient</b>		Yes	(Report must be sent with patient)
		Yes	(Report must be sent with patient)
<b>Patient Education</b>			
<b>Call Date(s)</b>		<b>Complete Date</b>	
<b>Bowel Prep</b>		Phospha-soda	Lo-So