



Virtual Colonoscopy Request

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