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(For patients over 80 years, please make a clinic appointment)

Referral date: _____ Form filled by: _____
Patient name: _____ Tel: _____
Address: _____ Cell: _____

Insurance: _____

DOB: _____ Age: _____
Allergy: _____ Referring MD: _____

PROCEDURE REQUESTED:

Office consultation (Reason: _____)
 EGD EGD with Bravo pH Colonoscopy EGD + Colonoscopy
Previous EGD: ____/____/____ Previous colonoscopy: ____/____/____

COLONOSCOPY INDICATION:

Screening colonoscopy, average risk, age 50+ high risk screening colonoscopy
 Change in bowels Refractory diarrhea Constipation
 Iron deficiency anemia
 Heme positive stool (____ out of 3 are positive) Heme positive on Annual Physical
 Personal history of polyps (Type: adenomatous/hyperplastic circle one, Year _____)
 Personal history of colon cancer
 Rectal bleeding (Hematochezia)
 Family history of colon cancer Family history of adenomatous colon polyps
 RLQ pain LLQ pain Ulcerative colitis Crohn's disease
 Abnormal CT scan _____
 Abnormal Barium study Abnormal PET scan

EGD INDICATION:

Barrett's esophagus (Last EGD _____)
 Chronic GERD r/o Barrett's esophagus hematemesis heme positive stool
 Dysphagia (circle one: Solids/Liquids/Both solids and liquids) odynophagia
 Epigastric pain RUQ pain Melena chronic cough/laryngitis
 Abnormal CT scan _____
 Abnormal Barium study Abnormal PET scan
 PEG tube placement UGI symptoms unresponsive to PPI cirrhosis of liver

Other GI diagnosis: _____

PLEASE CIRCLE YES OR NO:

Diabetes Yes/No
Previous endocarditis Yes/No
Patient on coumadin Yes/No
Home oxygen Yes/No

Gastric bypass

Heart disease Yes/No
Prosthetic heart valve Yes/No
Vascular graft (<1 year) Yes/No
Cardiac bypass Yes/No

PLEASE FAX ALONG WITH THIS FORM:

- Both sides of insurance card - Unity providers can scan into Allscript
- Last progress note, labs, xrays, CT, EKG (if available)
- List of current medications