

## Appendix C: 3 – Standard Gastroenterology History and Physical Form with Labs (Operation Access)

**Gastroenterology H&P with labs– complete and fax with patient referral to (\*\*\*)-\*\*\*-\*\*\*\***

Name	Sex	Age	Date of birth	/	/
Address	Day Phone	Eve Phone			
	Language				
Emergency Contact Name	Phone Number				
Referring Physician	Phone Number				
Procedure requested:		Indication:			
Abnormal creatinine?		Cardiac disease (if yes, list)?			
Patient has escort home? Yes No					
On Anti-platelet or anti-coagulation (if so, which ones?)					
Drug or Alcohol abuse currently?					
CC / HPI					
PMH		Allergies			
		Medications			
SH		FH (include any GI or liver cancers)			
Physical Exam - Pulse		BP	Weight		
Cardiac		Pulm	Abd		
<b>Labs:</b>					
WBC	Hgb	Platelets	PT/INR	PTT	
Other labs or studies (attach):					