P: 303.604.5000

Gastroenterology of the Rockies

F: 720.890.0364

Patient Referral Form

Patient Name _____ circle one: Male Female Non-Binary

Cell Phone _____ Home Phone _____ DOB _____/_____/_____

Email _____

Referring Provider _____

Phone # _____ Fax # _____

If scheduling a procedure, is the patient taking any of the following **antiplatelet/anticoagulants**? (check the box)

- ☐ Plavix (clopidogrel)
- ☐ Coumadin (warfarin)
- ☐ Aggrenox (ASA/dipyridamole)
- ☐ Brilinta (ticagrelor)
- ☐ Eliquis (apixaban)
- ☐ Pradaxa (dabigatran etexilate)
- ☐ Lovenox (enoxaparin)
- ☐ Other _____

Appointment: (check the box)

☐ Consultation ☐ Colonoscopy ☐ EGD ☐ Other _____

Gastroenterology of the Rockies provider: (check the box)

- ☐ **Sim Bedi,** DO
- ☐ **Joseph Cassara,** MD
- ☐ **Rohan Clarke,** MD
- ☐ **David Cristin,** MD
- ☐ **Victoria Evelyn,** PA-C
- ☐ **Susan Gieske,** PA-C
- ☐ **Gerald Kidd,** PA-C
- ☐ **Kevin Lee,** PA-C
- ☐ **Raul Cubillas,** MD
- ☐ **Timothy Dobin,** DO
- ☐ **David Gatof,** MD
- ☐ **Matthew Karowe,** MD
- ☐ **Emily Marshall,** PA-C
- ☐ **Jennifer Meyer,** PA-C
- ☐ **Rachel Pierce,** PA-C
- ☐ Other _____
- ☐ **Taimur Khan,** MD
- ☐ **Daus Mahnke,** MD
- ☐ **Tamas Otrok,** MD
- ☐ **Wesley Prichard,** DO
- ☐ **Rachel Povilus,** PA-C
- ☐ **Brittany Propoggio,** PA-C
- ☐ **Morgan Reilly,** PA-C
- ☐ **Ramu Raju,** MD
- ☐ **Matthew Seto,** DO
- ☐ **Joshua Steinberg,** MD
- ☐ **Nathan Susnow,** MD
- ☐ **Kelly Zucker,** DO
- ☐ **Sarah Schwartz,** PA-C
- ☐ **Katie Vieira,** PA-C

Please indicate the reason for an appointment below: (check the boxes that apply - ICD-10 codes are in bold)

Colonoscopy

- ☐ Screening: **Z12.11**
- ☐ History of Adenomatous Polyps: **Z86.010**
- ☐ Family History: **Z80.0**
- ☐ Diarrhea: **R19.7**
- ☐ Change in bowel habits: **R19.4**
- ☐ Bright red blood per the rectum: **K62.5**
- ☐ Hematochezia: **K92.1**
- ☐ Anemia: **D64.9**
- ☐ Heme positive stools: **R19.5**
- ☐ Weight loss: **R63.4**
- ☐ Abdominal pain: **R10.84**
- ☐ Other _____

EGD

- ☐ GERD: **K21.9**
- ☐ Chest pain: **R07.9**
- ☐ Barrett's Esophagus: **K22.70**
- ☐ Dysphagia: **R13.10**
- ☐ Melena: **K92.1**
- ☐ Abdominal pain: **R10.13**
- ☐ Other _____

Other

Consultation: Reason for visit:

_____

Please include pertinent records, labs, imaging, & **attach patient demographics and insurance information.**