

GI Triage Questionnaire

******This form is to be completed and faxed/scanned with the Case Request******

Name _____ Date of birth _____ MRN # _____

STEP 1

Answer Yes to ANY of these questions = Telephone Interview

If yes to any of these 2 questions, STOP and schedule a phone call (you do not need to answer any further questions). If No to all continue to Step 2

	QUESTION	YES	NO
1	Is Patient in nursing, rehab or correctional facilities? FL2____, Med list____ Adv. Dir.____		
2	Is the Patient having an endoscopy procedure AND did not answer yes to any of the 4 questions in Step 2		

STEP 2

Answer Yes to ANY of these questions = visit

If yes to any of these 4 questions, Stop and schedule a visit.

	QUESTION	YES	NO
1.	Patients with coronary artery stents placed in the last six months		
2.	Patients with admission for CHF or COPD exacerbation within the last 6 weeks		
3.	Patients requiring continuous home oxygen therapy. Intermittent or nightly oxygen therapy does not necessitate a visit		
4.	Patients scheduled for ERCP with known personal or family history of malignant hyperthermia or history of difficult intubation		