

### Colon Cancer Screening Preprocedure Checklist

Yakima Gastroenterology Associates, P.C. (YGA) recognizes that your time is important. YGA also recognizes that you may wish to proceed with a colonoscopy for colon cancer screening without a preliminary visit to our office. To accommodate your wishes, we have provided you with the following checklist to determine if you are a candidate for screening colonoscopy under these circumstances. Please take a moment to review and complete all of the following items:

- yes     no    You are between 50 and 80 years of age with no family history of colon cancer.
- yes     no    You are at least 40 years of age with a first-degree relative diagnosed with colon cancer at age 50 or younger.
- yes     no    You have had a colonoscopy screening within the last 10 years.
- yes     no    You do have any gastrointestinal symptoms that concern you.
- yes     no    You do have a bleeding disorder or a history of prolonged bleeding after minor surgery.
- yes     no    You have had problems with prior anesthesia or sedation.
- yes     no    If you are on aspirin your prescribing physician will allow you to stop this medication for 5 days prior to your procedure.
- yes     no    You are on blood thinners such as coumadin (warfarin) or Plavix.
- yes     no    You are taking pain relievers, tranquilizers, sedatives, antidepressants on a regular basis.
- yes     no    You have a serious acute or chronic illness such as heart, kidney, liver, neurologic (previous stroke or TIA), lung disease or diabetes for which you are currently under treatment.
- yes     no    You have had valvular heart disease, rheumatic fever, mitral valve prolapse or a heart murmur that your physician has advised that you receive antibiotics for prior to surgical procedures, dental work, etc.
- yes     no    Do you use a wheelchair or require assistance in your mobility?
- yes     no    You use alcohol to excess.
- yes     no    You use recreational drugs.

\_\_\_\_\_ lbs    What is your approximate weight?

We want you to know that eligible patients for this arrangement are generally healthy patients without major medical illnesses. Once you have completed this form along with any attached documents, we will review your case for consideration for colonoscopy without a prior preprocedure visit.

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

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