



EASY ACCESS COLONOSCOPY

Mile Bluff Medical Center's "Easy Access Colonoscopy" program allows healthy individuals to schedule a screening colonoscopy without the need for an office visit before the procedure. This program saves you time and money while helping you take an active role in your health.

Included in this packet:

- Patient registration form
- Colonoscopy questionnaire
- Insurance information form
- Colonoscopy information

If you're interested in an Easy Access Colonoscopy, please complete the including forms and return to Mile Bluff Medical Center.

For more information about this program, call 608-847-1030.





1050 Division Street | Mauston, Wisconsin 53948
608-847-6161 | milebluff.com

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PATIENT CHECKLIST

I have completed/read:

- Patient Information Form
- Colonoscopy questionnaire
- Patient statement of understanding
- Insurance company information form

Please return completed forms to Mile Bluff Medical Center (drop-off, mail, or fax).

Drop-off paperwork at any Mile Bluff location:

Mile Bluff Medical Center, Mauston
Delton Family Medical Center, Lake Delton
Elroy Family Medical Center, Elroy
Mile Bluff Clinic, Mauston
Necedah Family Medical Center, Necedah
New Lisbon Family Medical Center, New Lisbon

Mail:

Mile Bluff Medical Center
Attn: Surgery Department
1050 Division Street
Mauston, WI 53948

Fax:

608-847-2572

Once submitted, your forms will be reviewed. If you have not heard from us in 14 business days regarding the status of your Easy Access Colonoscopy, please call Mile Bluff Medical Center's Surgery Department at 608-847-1030.



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PATIENT INFORMATION - EASY ACCESS COLONOSCOPY

Last Name _____ First _____ MI _____
Birthdate: ____/____/____ Gender: _____ Age: _____
Address: _____ Apt # _____
City: _____ State: _____ Zip: _____
Cell Phone: (____) _____ Home Phone: (____) _____
E-mail address _____

OTHER INFORMATION:

Race (Federal requirement): _____ Primary language: _____
Ethnicity: Hispanic or Latino Non-Hispanic or non-Latino
Marital status: Single Married Other Student: full-time part-time

EMERGENCY CONTACT:

Name: _____ Relationship: _____
Contact's phone: (____) _____

EMPLOYMENT INFORMATION:

Employment status: full-time part-time Other
Employer: _____ Occupation: _____

PHARMACY INFORMATION:

Name: _____ Phone: (____) _____
Address: _____ Fax: (____) _____

REFERRAL INFORMATION:

Primary care provider: _____ Phone: (____) _____
Organization name: _____ Address: _____



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COLONOSCOPY QUESTIONNAIRE

The Easy Access Colonoscopy allows healthy individuals to schedule a screening colonoscopy without the need for an office visit before the procedure. If your provider has suggested that you have a colonoscopy, you may qualify for this program. All applicants will be reviewed to assess if they are a good candidate for the Easy Access Colonoscopy. After reviewing your forms and taking into account your risks, it may be determined that it is safer for you to undergo a traditional colonoscopy with a pre-procedure office visit. If that is the case for you, Mile Bluff will work with you to schedule an office visit so a provider can review your medical history, assess your current condition, and determine how to best meet your health needs.

PLEASE ANSWER THE FOLLOWING QUESTIONS.

Name: _____ Birthdate: ____/____/____

Cell Phone: (____) _____ Home Phone: (____) _____

Height: _____ Weight: _____

1. Have you had a colonoscopy in the past? Yes No

a. If the answer is yes, when and where? _____

b. What were the results? _____

2. Why are you requesting a colonoscopy? _____

3. Did a healthcare provider recommend a colonoscopy? Yes No

a. If so, what provider? _____

4. Do you have a family history of colon cancer or polyps? Yes No

5. Which relative had cancer or polyps, how old were they? _____

6. Do you have any gastrointestinal symptoms such as abdominal pain, bleeding, weight loss, diarrhea, constipation, or anemia? Yes No

-OVER-



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7. Have you ever had any of the following:

- a. Ulcerative colitis or Crohn's disease Yes No
- b. Heart attack, irregular heartbeat, coronary artery bypass or stent placement, stroke, seizure, fainting spells, or congestive heart failure Yes No
- c. Renal failure or dialysis Yes No
- d. Respiratory problems (COPD, emphysema, home oxygen, or asthma) Yes No
- e. Diabetes or sleep apnea Yes No
- f. Defibrillator, pacemaker, or artificial heart valve Yes No
- g. Organ transplant, other than cornea Yes No
- h. Blood disorders (ie. Hemophilia) Yes No

8. Do you have MRSA (Methicillin-Resistant Staphylococcus Aureus)? Yes No

9. Have you had a joint replacement? Yes No

10. Do you smoke? Yes No

a. If so, how often and how much? _____

11. Do you take any of these blood thinning medications? Please check any of the ones you take daily.

- Coumadin (warfarin) Aspirin Lovenox (enoxaparin) Pradaxa (dabigatan)
- Trental (pentoxifylline) Plavix (clopidogrel) Eliquis (apixaban) Xarelto (rivaroxaban)

12. Do you have bleeding problems? Yes No

13. Do you have an allergy to latex? Yes No

14. Do you have any allergies to medications or to eggs? Yes No

If so, please list: _____

15. List all medications that you take including herbal supplements, and other over-the-counter medications:

16. Have you had difficulty with anesthesia other than nausea? Yes No

17. Are you able to walk without assistance? Yes No



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PATIENT STATEMENT OF UNDERSTANDING OF EASY ACCESS COLONOSCOPY

- An Easy Access Colonoscopy is designed to allow healthy, age appropriate patients to have a screening colonoscopy without an office visit. I understand that the questionnaire that I have completed will be carefully reviewed and I may be called to clarify any of my answers. For my safety, depending on the answers provided, I understand that I may be scheduled directly for an Easy Access Colonoscopy or, if I do not meet the criteria, I will be scheduled for an office visit prior to a procedure.
- I understand that by choosing to pursue an Easy Access Colonoscopy, I have not, nor will I, receive a Gastrointestinal (GI) consultation. I understand that I have the choice to make an appointment for an office visit to discuss a colonoscopy, but I have declined to do so. I understand that I will require a separate office visit to address any GI complaints that I may have.
- If I am approved for an Easy Access Colonoscopy, I will be called regarding the preparation, process, and recovery for the procedure. I will receive a brief physical exam on the morning of the procedure. I will read the information provided and will make sure that I understand, and will comply with, the instructions given.
- I understand that, while not likely, there are risks involved with colonoscopy as with any medical procedure. These risks are outlined in the information that I have received. I have reviewed this information, and I understand the risks.
- Should I have any changes in my health status or insurance after being scheduled, or any questions about the information I have received, I will call 608-847-1030.
- I understand that I must have someone drive me home after the colonoscopy procedure. **Without a driver in attendance, I understand that the procedure will be canceled.**
- I understand that I will be called with my biopsy results. If needed, a follow-up appointment will be made.

Patient signature: _____ Date: _____

Patient name: _____



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INSURANCE INFORMATION

Primary insurance company: _____

Company phone number: _____ Policy holder name: _____

Relationship to holder: Self Spouse Child Other

Primary Insurance ID number: _____ Group number: _____

Secondary insurance company: _____

Company phone number: _____ Policy holder name: _____

Relationship to holder: Self Spouse Child Other

Secondary Insurance ID number: _____ Group number: _____

*****Please include a copy of the front and back of your current insurance card.*****

I AUTHORIZE ANY HOLDER OF MEDICAL OR OTHER INFORMATION ABOUT ME TO RELEASE THIS INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION, HEALTHCARE FINANCING ADMINISTRATION, MY INSURANCE COMPANY OR ITS INTERMEDIARIES/CARRIERS, OR TO THIS PHYSICIAN'S OFFICE, MY ATTORNEY OR OTHER DOCTORS OFFICE.

I AUTHORIZE DIRECT PAYMENT OF MEDICAL BENEFITS AND/OR SURGICAL BENEFITS, TO INCLUDE MAJOR MEDICAL BENEFITS TO WHICH I AM ENTITLED, INCLUDING MEDICARE, PRIVATE INSURANCE, AND ANY OTHER HEALTH PLAN. I ALSO PERMIT A COPY OF THIS AUTHORIZATION TO BE USED IN PLACE OF THE ORIGINAL. THIS ASSESSMENT WILL REMAIN IN EFFECT UNTIL REVOKED BY ME IN WRITING. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES WHETHER OR NOT PAID BY SAID INSURANCE.

Patient signature: _____ Date: _____

Patient name: _____



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ABOUT A COLONOSCOPY

WHAT IS A COLONOSCOPY?

Colonoscopy is an examination of the large intestine using a flexible tube (colonoscope) with a camera at the end. During the procedure, the surgeon takes tissue samples (biopsies) or removes abnormal growths, such as polyps. On average, the procedure takes between 20 minutes to an hour. During this time, patients are given medication through an IV and are sleepy or asleep throughout the procedure.

WHY DO I NEED A COLONOSCOPY?

This procedure is done to detect colon cancer or pre-cancerous polyps. Everyone should undergo a colonoscopy, especially those with an increased risk of colon cancer, such as a family history or a personal history of inflammatory bowel disease. Colonoscopies are also used to evaluate symptoms such as rectal bleeding, diarrhea, change in bowel habits, and other conditions.

HOW SUCCESSFUL IS A COLONOSCOPY?

In most patients, the surgeon is able to examine the entire colon. Occasionally, a complete exam is not possible because of differences in a person's colon. Even when the entire colon can be reached, there is a chance that a polyp or other abnormality will not be seen. This chance is higher when the pre-colonoscopy prep/cleansing is not done properly, or still exists even when the colon is well prepared. If the examination is incomplete, you may need additional testing such as a barium enema x-ray or CT colonography (virtual colonoscopy), or another colonoscopy.

WHAT CAN I EXPECT AFTER THE PROCEDURE?

You may feel bloated or have cramping for 1-2 hours after the procedure is completed. You may feel tired and need to take a nap once you are back home. It is common to go a day or two without a bowel movement. If a biopsy or polyp have been removed, you may see a small amount of bleeding from the rectum. You should plan to eat a light meal after the procedure, and then return to a normal diet if you are feeling fine. You should be completely recovered and able to return to your usual activities the next day.

WHAT ARE THE RISKS OF A COLONOSCOPY?

A colonoscopy is considered a safe procedure, but complications occur in about 1 out of 1000 patients (0.1%). These complications include infection, puncture or tear of the bowel wall, bleeding, cardiac problems or rhythm disturbances, sedation related complications, and even death which is very rare.

WHAT ARE THE ALTERNATIVES TO A COLONOSCOPY?

There are several other methods which can be used to examine a patient's bowels. These include a limited examination which examines only the rectum and lowest portion of the colon (flexible sigmoidoscopy), barium enema x-ray, and CT colonography (virtual colonoscopy). A test of a patient's stool for the presence of small amounts of blood can be used as a screening technique as well.