

Patient: _____

Date: _____

Fast Track Questionnaire / Checklist

Dr. John McConeghey Dr. John McEachern Dr. Jered Windorski

Are you taking blood thinners? Yes=Needs Appointment /Provider Approval No

Do you see a cardiologist regularly? Yes=Needs Cardiac Clearance No
-If yes, who? Last visit date? _____

Have you had any chest pain in the last 6 months? Yes=Needs office visit No

Have you had a prior colonoscopy: Yes No

If Yes, How many? When? By who? What were the findings? Where did procedure take place?

Have you seen any blood in your stools? Yes=Needs office visit No

Have you had a positive hemoccult test (test to look for trace blood in stools)? Yes=Needs office visit No

Have you noticed a significant change in your stools? Yes=Needs office visit No

Do you have anemia? Yes=Needs office visit No

Do you have severe diarrhea or constipation? Yes=Needs office visit No

Do you have nausea or vomiting? Yes=Needs office visit No

Do you have pain with bowel movements? Yes=Needs office visit No

Do you have abdominal pain? Yes=Needs office visit No

Do you have any current issues with your heart or lungs? Yes=Needs office visit No

Is there a family history of colon cancer in your family? Yes No
- If yes who, at what age? _____

Do you have diabetes? Yes No
If yes, who manages your diabetes? _____

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Patient Name: _____ **Preferred Name:** _____
(First) (MI) (Last)

Date of Birth: ____/____/____ **Gender:** M F **Home Number:** ____)

Cell Number: ____)

Referring Provider: _____ **Work Number:** ____)

Date of Referral: ____/____/____

- Demographics
- PCP's Last Note
- Fast Track Questionnaire
- Last Colonoscopy and Pathology Report
- Cardiac Clearance
- Medication(s) to stop list (days prior): _____
- Scheduling Form Faxed: ____/____/____
- Bowl Prep/Instructions Mailed: ____/____/____
- Prior Authorization #: _____