



PO Box 308 | Newton, KS 67114

Patient: \_\_\_\_\_

Date: \_\_\_\_\_



FTQ

### Fast Track Questionnaire / Checklist

Dr. Marc Duverseau Dr. Hutchison Dr. John McConeghey Dr. John McEachern

**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?

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**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 #: \_\_\_\_\_

#### Scheduling:

- ☐ Consent Saved
- ☐ H&P Uploaded
- ☐ FTQ Uploaded
- ☐ Cardiac Clearance Uploaded
- ☐ Preop H&P