UnityPoint Health
St. Luke's Hospital

St. Luke's Gastroenterology
931 8th Ave. SE
Cedar Rapids, Iowa 52401
(319) 366-8695
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Specialty Referral Form
GASTROENTEROLOGY

Patient Information

First Name: _____ Last Name: _____ DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Language: _____
Insurance (please provide front/back copy of card): _____

Past Medical History

☐Include most recent H&P including complete medication list and allergies

Referring Office:

Date of Referral: _____
Referring Provider: _____ Referring Office: _____
Phone: _____ Fax: _____ City: _____ State: _____
Reason for Referral: _____
Degree of Specialty Involvement: ☐ Manage ☐ Co-Manage ☐ Consult
Urgency: ☐ First Available ☐ Urgent

Specialty Specific Information:

Has patient ever had a colonoscopy in the past? _____
→If yes, where? _____ when? _____ ☐ include results report

Does patient have a personal history of colon polyps/cancer? ☐ Yes ☐ No
Does patient have a family history of polyps/cancer?
☐ Yes ☐ No →If yes, relationship: _____ →Age at diagnosis: ☐<60 ☐≥60

Does patient have any of the following?

☐ Frequent heartburn
☐ Dysphagia
☐ Chronic PPI use
☐ Frequent blood in stools
☐ Change in bowel habits
☐ Chronic constipation
☐ Chronic diarrhea

Scheduling:

UPH Gastroenterology will call patient directly to schedule.

OFFICE USE ONLY:
Scheduling Nurse Initials: _____ Date: _____