FirstHealth offers diagnostic, medical, therapeutic and surgical services for patients with common gastrointestinal disorders, such as peptic ulcer disease, gastroesophageal reflux disease (GERD), abdominal pain and gastrointestinal malignancies, as well as for patients with hepatobiliary disorders, including cirrhosis, hepatitis and pancreatic disease.

In addition, FirstHealth also offers specialized services in the following areas:

- Colon Cancer screening
- Irritable bowel and other functional disorders
- Inflammatory Bowel Disease
- Hepatitis C and other hepatic disorders
- Complicated GERD
- Peptic Ulcer Disease
- Chronic Liver Disease

FirstHealth Gastroenterology offers diagnosis and treatment of diseases of the esophagus, stomach, intestines, colon, gallbladder, bile duct, pancreas and liver.
Gastroenterology

Please call our office to schedule a visit with the clinic at (910) 205-3035.

☐ EGD  ☐ EGD/Colonoscopy  ☐ Colonoscopy

Fax this form along with the patient’s (front and back) insurance card, medication list, allergies, and recent office notes to (910) 205-3062.

Patient Name ___________________________________________ DOB __________________________

Patient Address _______________________________________________________________________

Home Phone __________________________ Cell Phone __________________________ Work Phone ____________________________

Circle preferred contact number.

Scheduling Request: (Colonoscopy will be done at FirstHealth Richmond Memorial Hospital Outpatient Department)

☐ First Available  Or check one:  ☐ Mon ☐ Tues ☐ Wed ☐ Thurs

This patient:

☐ No ☐ Yes Is on anticoagulant or antiplatelet therapy:  ___ Coumadin  ___ Plavix  ___ Pradaza  ___ Eliquis

___ Xarelto  ___ Aggrenox  ___ Brilinta

☐ No ☐ Yes Has a prosthetic heart valve, or history of endocarditis, systemic pulmonary shunt, or synthetic vascular graft less than 1 year old, or other infection for antibiotic prophylaxis.

☐ No ☐ Yes Has renal insufficiency (Cr>1.6)

☐ No ☐ Yes Has cirrhosis

☐ No ☐ Yes Has diabetes

☐ No ☐ Yes Has a BMI >35

☐ No ☐ Yes Untreated hypertension

☐ No ☐ Yes Need for any antibiotic prophylaxis for any reason?

☐ No ☐ Yes Does patient have a cardiac defibrillator?

Referring Physician Name:_________________________________________________________________________________

Physician Signature: _____________________________________________________________________________________

Phone Number: _______________________________________ Fax Number: _______________________________________

Office use only:

Procedure date/time ___________________________ Pre-procedure Interview Date/Time ___________________________

Staff Signature _________________________________________________________________________________________

FirstHealth
GASTROENTEROLOGY
102 Endo Lane • Suite 2 • Hamlet, NC 28345 • (910) 205-3035
www.firsthealth.org