

CONNECTICUT COLON & RECTAL SURGERY, LLC

Christina Czyrko, MD and Maria Christina Mirth, MD

440 New Britain Avenue, Suite 1, Plainville, CT 06062

Phone: (860) 826-3880 Fax: (860) 826-3883

OPEN ACCESS COLONOSCOPY

Connecticut Colon and Rectal Surgery, LLC has developed a program which allows some patients to schedule a screening colonoscopy without the need for an office visit before the procedure.

Please note: You MUST answer every question or we will not be able to schedule you for an Open Access Colonoscopy.

Instructions

1. Complete the entire Open Access Colonoscopy Questionnaire. If you have any questions, please call our office.
**This questionnaire is double sided.*
2. Provide copies of **all insurance cards (both front & back)**. This would include your primary insurance, secondary, and tertiary insurance that you may have.
3. Provide a copy of your **photo ID**. This can be a copy of your driver's license, passport, or lawful permanent resident card (green card).
4. Return this form to our office via mail, fax, or in person
5. One of our clinicians will review your information. If you qualify for an Open Access Colonoscopy, we will contact you to schedule your procedure. If you do not qualify, we will schedule you for an office visit to discuss your needs with one of our highly-skilled providers.

To return your completed form by mail:

Connecticut Colon & Rectal Surgery, LLC

Attn: Open Access Colonoscopy

440 New Britain Avenue

Suite 1

Plainville, CT 06062

To return your completed form by fax:

(860) 826-3883

**Manual faxes only. We do not accept electronic faxes*

To contact our office with any questions:

(860) 826-3880

CONNECTICUT COLON & RECTAL SURGERY, LLC

Christina Czyrko, MD and Maria Christina Mirth, MD

440 New Britain Avenue, Suite 1, Plainville, CT 06062

Phone: (860) 826-3880 Fax: (860) 826-3883

Open Access Colonoscopy Questionnaire

Patient Information

First name: _____ Last name: _____

Address: _____ Apt/Unit #: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Communication Preference: Email Text Message Phone Call: Home Cell

Email address: _____

Date of birth: _____ Gender/Sex: Female Male

Height (feet/inches): _____ Weight (lbs.) _____

Primary care doctor: _____ Telephone: _____

Cardiologist: _____ Telephone: _____

Obstetrician / Gynecologist (OB-GYN): _____

Pharmacy and address: _____

Primary insurance: _____ ID: _____

Secondary insurance: _____ ID: _____

Tertiary insurance: _____ ID: _____

Language spoken: _____ Interpreter Needed: Yes No

I would prefer instructions in: English Polish Spanish

Last date I was seen by my primary care physician: _____

Last date I was seen by my cardiologist: _____

CONNECTICUT COLON & RECTAL SURGERY, LLC

Christina Czyrko, MD and Maria Christina Mirth, MD

440 New Britain Avenue, Suite 1, Plainville, CT 06062

Phone: (860) 826-3880 Fax: (860) 826-3883

1. Open Access Colonoscopy at our practice is approved for select patients at age 45 to 70.

a. How old are you now? _____

Those who desire a colon cancer screening below the age of 45 or above the age of 70 are encouraged to schedule an office visit to determine if a screening is medically appropriate.

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

a. If the answer is yes, please provide the name and phone number of the physician/facility who performed the procedure, as well as the date.

Name (physician and/or facility): _____

Phone Number: _____ Date of Procedure: _____

If the procedure was not with Dr. Christina Czyrko or Dr. Maria Christina Mirth, please sign the attached medical record release authorization.

3. Do you have a personal history of colon cancer? Yes No Unsure

4. Do you have a personal history of colon polyps? Yes No Unsure

5. Do you have a family history of colon cancer? Yes No Unsure

6. Do you have a family history of colon polyps? Yes No Unsure

7. If the colonoscopy was recommended because of a family history of colon cancer or polyps, which relative had cancer or polyps and how old were they?

Relative who had cancer or polyps: _____ Age of relative at the time: _____

Relative who had cancer or polyps: _____ Age of relative at the time: _____

Relative who had cancer or polyps: _____ Age of relative at the time: _____

8. Have you had a positive Cologuard within the last year? Yes No Unsure

9. Do you currently have any gastrointestinal symptoms? Yes No

Such as abdominal pain, bleeding, weight loss, constipation, diarrhea

CONNECTICUT COLON & RECTAL SURGERY, LLC

Christina Czyrko, MD and Maria Christina Mirth, MD

440 New Britain Avenue, Suite 1, Plainville, CT 06062

Phone: (860) 826-3880 Fax: (860) 826-3883

Tobacco Status: Smoking

- Never Former Current (some days) Current (every day)
 Cigarettes Cigar Pipe

If yes, how many packs per day do you smoke? _____ How many years? _____

Tobacco Status: Smokeless

- Never Former Current (some days) Current (every day)
 Chew Snuff
-

E-Cigarettes

- Never Former Current (some days) Current (every day)
 Nicotine THC CBD Flavoring Other: _____
 Disposable Pre-filled or Refillable Cartridge Refillable Tank
 Pre-filled Pod Other: _____
-

Alcohol History

- Never Daily Weekly Occasional/Social

Average number of drinks per week? _____

Drug History

- Yes No Not currently Never Medical Recreational
 Daily Weekly Occasional/Social

Types: "Crack" Cocaine Amphetamines Amyl nitrate Anabolic Steroids
 Benzodiazepines Cocaine Codeine Fentanyl Flunitrazepam GHB Hashish
 Heroin Hydrocodone Hydromorphone IV Ketamine LSD Marijuana
 MDMA (ecstasy) Mescaline Methamphetamines Methaqualone Morphine Nitrous oxide
 Opium Oxycodone Psilocybin Solvent Inhalants Other: _____

CONNECTICUT COLON & RECTAL SURGERY, LLC

Christina Czyrko, MD and Maria Christina Mirth, MD

440 New Britain Avenue, Suite 1, Plainville, CT 06062

Phone: (860) 826-3880 Fax: (860) 826-3883

Medical History

Symptoms:

- None Abdominal pain Acid reflux Black stool Stool incontinence Gas/Bloating
 Change in bowel habits Chills Colitis Constipation Fever Nausea Indigestion
 Hemorrhoids Loss of appetite Rectal bleeding Vomiting Weight loss
 Other, please explain:
-
-
-

Medical conditions:

- None Alzheimer's Disease Anemia Anxiety disorder Arthritis Sleep apnea
 Asthma Atrial fibrillation Bipolar disorder Bleeding disorder Lung clots
 Congestive heart failure Depression Diabetes Fibromyalgia Heart arrhythmia
 Elevated cholesterol Emphysema/COPD GERD/Acid reflux Hepatitis Hiatal hernia
 Heart attack/MI Heart valve murmur Hemodialysis High blood pressure HIV/AIDS
 Kidney problems Liver cirrhosis Stroke/TIA Pacemaker/defibrillator Pancreatitis
 Parkinson's disease Schizophrenia Seizure disorder Stomach/duodenal ulcer
 Thyroid disease Tuberculosis Other (describe below)
-
-
-

PAST SURGERIES:

- NONE COLON SURGERY CORONARY BYPASS LUNG SURGERY HIATAL HERNIA REPAIR
 DEFIBRILLATOR (AICD) PLACEMENT GASTRIC BYPASS SURGERY PACEMAKER PLACEMENT
 OTHER (DESCRIBE BELOW)
-
-
-

FAMILY HISTORY:

- NONE BLEEDING PROBLEMS BREAST CANCER CELIAC DISEASE COLON CANCER
 COLON POLYPS CROHN'S DISEASE HEPATITIS PROSTATE CANCER RECTAL CANCER
 STOMACH CANCER UTERINE / OVARIAN CANCER OTHER (DESCRIBE BELOW)
-
-
-

HAVE YOU HAD ANY PROBLEMS WITH ANESTHESIA? YES NO

PROVIDE ANY ADDITIONAL COMMENTS OR INFORMATION BELOW:

CONNECTICUT COLON & RECTAL SURGERY, LLC

Christina Czyrko, MD and Maria Christina Mirth, MD

440 New Britain Avenue, Suite 1, Plainville, CT 06062

Phone: (860) 826-3880 Fax: (860) 826-3883

MISCELLANEOUS

- 1. Do you have or have you been treated for any of the following?
 - a. Ulcerative Colitis or Crohn’s disease Yes No
 - b. Renal failure or dialysis Yes No
 - c. Defibrillator, pacemaker, or artificial heart valve Yes No
If yes, please attach a copy of the card provided with the make and model.
 - d. Bleeding disorder Yes No
 - e. Organ transplant Yes No
 - f. Sleep Apnea Yes No
Do you use a CPAP machine? Yes No
 - g. Cancer Yes No
If yes, have you had radiation or chemotherapy? Yes No
- 2. Are you able to walk without help for 2 blocks or more? Yes No
- 3. Do you have any type of disability? Yes No
If yes, please list: _____
- 4. Do you take any blood thinners other than Aspirin? YES NO

ALLERGIES:

PLEASE LIST ALL ALLERGIES (ENVIRONMENTAL, MEDICATION, FOOD)	THE REACTION YOU HAVE.

CONNECTICUT COLON & RECTAL SURGERY, LLC

Christina Czyrko, MD and Maria Christina Mirth, MD

440 New Britain Avenue, Suite 1, Plainville, CT 06062

Phone: (860) 826-3880 Fax: (860) 826-3883

Patient statement for open access colonoscopy:

I have reviewed the open access colonoscopy questionnaire and have answered all the questions truthfully to the best of my knowledge.

I hereby authorize Connecticut Colon & Rectal Surgery, LLC to obtain my medical records from my primary care physician and/or cardiologist through direct communication, electronic health record system and/or electronic medical record system.

Since we do not use a paper system for documenting the care of patients, we can only use our EMR. We hope that you will find the EMR system facilitates your care. If you don't want your medical information stored in our EMR, we unfortunately cannot care for you in this practice. If you have any questions, please do not hesitate to ask us about our EMR.

Patient Signature: _____

Date: _____