



Open Access Colon Cancer Screening Instructions

The Alexander T. Augusta Gastroenterology Clinic offers an open access pre-procedure class every Tuesday at noon for individuals wishing to undergo a colonoscopy for routine colon cancer screening.

Is this class the right choice for you?

YES	NO
<ul style="list-style-type: none"> • You have no other gastrointestinal concerns that you would like evaluated. • You are generally healthy. 	<ul style="list-style-type: none"> • You would like an individual appointment. • You have a history of: <ul style="list-style-type: none"> - Chronic heartburn - Iron deficiency anemia - Difficulty swallowing - Unplanned weight loss • You take blood thinners.

If you would like to participate, please copy and paste the Pre-Colonoscopy Screening Questionnaire below and into an MHS GENESIS message and answer the questions to the best of your knowledge. Be sure to include your email address and preferred class date. Please send the message to the “USA ATAMMC Gastroenterology Messaging”.

A provider in the Gastroenterology Clinic will review your responses and the clinic will schedule your class. If the provider thinks that you would benefit from an individual appointment, you will be notified and a referral will be placed for you which will be reviewed per regional guidelines.

Pre-Colonoscopy Screening Questionnaire

Email Address:

Preferred Class Date:

The class is offered on Wednesdays at noon. Please allow 10 business days for your request to be reviewed and for you to be scheduled.

Active Duty Reserves Retiree Other beneficiary

Age: Height: Weight:

MEDICAL HISTORY:

Do you have other GI concerns:

Chronic heartburn or need to take anti-acid medication regularly for more than 5 years

Weight loss you did not plan

Blood in your bowel movements

Difficulty swallowing

Other:

Do you have any of the following medical problems:

Sleep apnea

Recent (last 6 months) heart attack

Recent (last 6 months) stroke

Kidney failure

Iron deficiency anemia

Heart problems:

Lung problems:

Neurologic problems:

Do you take any of the following medications:

_Apixiban (Eliquis)

_Rivaroxiban (Xarelto)

_Warfarin (Coumadin)

_Clopidogrel (Plavix)

_Opioid pain medications taken daily

_Benzodiazepines taken daily

_Other: _____

Are you able to walk up a flight of stairs without getting chest pain, lightheaded or short of breath?

Have you ever had problems with sedation or anesthesia?

If yes, what happened?

Have you had a colonoscopy before?

If yes: When was this done and what was found?

Was the procedure done at Walter Reed?

Were there any problems with the procedure?

FAMILY HISTORY:

Has anyone in your family had colon or rectal cancer? At what age?

If yes, how were they related to you and when were they diagnosed?

Has anyone in your family had uterine/endometrial cancer?

If yes, how were they related to you and when were they diagnosed?

Has anyone in your family had stomach cancer?

If yes, how were they related to you and when were they diagnosed?

Has anyone in your family had esophageal cancer?

If yes, how were they related to you and when were they diagnosed?