Timmins and District Hospital

NURSE PERFORMED

FLEXIBLE SIGMOIDOSCOPY

ELIGIBILITY, ASSESSMENT

AND REFERRAL FORM

Date: (yyyy/mm/dd)	**Referring Physician Information**
Allergies:	

√	**Eligibility Criteria (all must be √ to be eligible)**
	Age 50-74
	Patient **is not** on Anticoagulant Therapy
	Negative FOBT within 2 years – test date (yyyy/mm/dd)_____ OR if no test within 2 years, FOBT kit provided? ☐ yes OR ☐ no – Reason:_____
	No personal history of Inflammatory bowel disease (Crohn's, Colitis)
	No family history of Colorectal Cancer (First degree relative, Parent, sibling, child)
	No history of bowel symptoms (i.e. rectal bleeding; sudden change in bowel habits; new onset constipation)
	No previous polyps or history of colorectal cancer or colonoscopy within 10 years

Relevant History	**Yes**	**No**	**Relevant History**	**Yes**	**No**
History of heart disease			Lung Disease (COPD/Emphysema)		
Pacemaker/Implantable Cardiac Defibrillator			Cancer		
Bleeding Disorders			Previous Abdominal Surgery		
Diabetes					

Medication History: Patient is on Anticoagulant Therapy, ☐Coumadin , ☐Plavix, ☐Dabigatran (Pradax), ☐Rivaroxaban

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	Procedural Consent obtained
	Patient Appointment and education pamphlet: ☐ Provided ☐ Will be mailed with specific instructions
	Refer patient for colonoscopy for abnormal pathology results from nurse performed flexible sigmoidoscopy.

Completed by: _____ _____

RN Printed Name RN Signature

Family Physician Signature: _____

FAX (705) 267-6325