1101 First Colonial Road, Suite 300
Virginia Beach, VA 23454
www.vbgastro.com
757. 481-4817

Gastroenterology, Ltd. of Virginia Beach

828 Healthy Way, Suite 210
Virginia Beach, VA 23462
www.vbgastro.com
757. 481-4817

FAX completed form to (757) 963-5585 or (757) 481-7138
Questions? Call Scheduling at (757) 963-5582 or (757) 481-4817, option 1

Date: _____

Patient Name: _____ DOB: _____ SSN: _____

Phone: Home _____ Work: _____ Cell: _____

Address: _____ City & Zip Code _____

Referring Doctor: _____ Office Contact: _____

Referring Dr's Phone _____ Referring Doctor Fax: _____

Insurance (Primary) _____ ID #: _____ Group #: _____

Insurance (Secondary) _____ ID #:_____ Group #:_____

REASON REFERRED:

☐ **Consult and Treat** OR ☐ **Screening Colonoscopy Only (no complaints or symptoms)**

- ☐ Hematochezia
- ☐ Diarrhea, Constipation, Change in Bowel Habits
- ☐ Dysphagia
- ☐ GERD
- ☐ Abdominal Pain
- ☐ Weight Loss
- ☐ Reflux
- ☐ Anemia

- ☐ Screening (age 50+)
- ☐ Family History of Polyps
- ☐ Family History of Colon Cancer
- ☐ Personal History of Polyps
- ☐ Personal History of Colon Cancer

MEDICAL HISTORY: CHECK ALL THAT APPLY

☐ Hospitalizations/Major Illnesses Within Last 3 Months _____ (please specify)

- ☐ Diabetic
- ☐ CHF
- ☐ CRF
- ☐ Emphysema/Asthma
- ☐ Oxygen Use
- ☐ Other: _____

- ☐ Coumadin
- ☐ Sleep Apnea
- ☐ Seizures
- ☐ Anemia
- ☐ Cane or Wheelchair Use
- ☐ Other: _____

PLEASE CHECK RECORDS BEING FAXED:

- ☐ Most recent H&P
- ☐ Radiology Reports
- ☐ Most Pertinent Labs
- ☐ Copy of Insurance Card
- ☐ Medication List
- ☐ Copy of Insurance Referral (if required)

Appointment Date: _____ Appointment Time: _____

Location: ☐ First Colonial Road ☐ Healthy Way ☐ Unable to Reach Patient

Thank You for Your Referral!