Digestive Health Specialists, P.A.

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FOR COSULTATION OR PROCEDURE REFERRALS – FAX TO 662-350-7110

PATIENT INFORMATION

PATIENT NAME: _____

PATIENT ADDRESS: _____

SOCIAL SECURITY #: _____ DOB: _____

PHONE (HOME) _____ (CELL) _____

INSURANCE INFORMATION

PLEASE INCLUDE FRONT & BACK COPY OF INSURANCE CARD(S)

PRIMARY: _____ POLICY HOLDER: SELF SPOUSE CHILD

POLICY #: _____ GROUP #: _____

SECONDARY: _____ POLICY HOLDER: SELF SPOUSE CHILD

POLICY #: _____ GROUP #: _____

REFERRING PHYSICIAN

REFERRING PHYSICIAN NAME: _____

OFFICE #: _____ FAX #: _____

STEPHEN T. AMANN, M.D.	JOHN. O. PHILLIPS, M.D., Ph. D., F.A.C.G.
JOHN B. AVERETTE, M.D.	R. BRASSFIELD SMITH, M.D.
CHRISTOPHER H. DECKER, M.D.	W. ROSS STONE, M.D.
PATRICK S. HARRIS, M.D.	STEPHANIE B. ATKINSON, FNP, NP-C
NOEL K. HUNT, M.D.	VICKI A. FITZGERALD, FNP-BC
ROGER L. HUEY, M.D.	ASHLEY V. LONG, FNP-C
C. ALLEN JUSTICE, M.D.	CYNTHIA R. SMITH, ACNP
W. GARRETT OGG, M.D.	S. ELYSE SMITH, FNP-C

PLEASE CIRCLE APPOINTMENT TYPE, PROVIDE DIAGNOISIS, AND COMPLETE PERTINENT INFORMATION PRIOR TO SENDING

COLON EGD OFFICE VISIT

DIAGNOSIS: _____

CURRENT WEIGHT _____ CURRENT BMI _____

BLOOD THINNER?	N	Y	_____
BLOOD PRESSURE/HEART/SEIZURE MEDICATIONS?	N	Y	_____
KIDNEY DISEASE?	N	Y	_____
DIABETIC?	N	Y	_____
CURRENTLY ON DIALYSIS?	N	Y	_____
DIET PILLS/GLP-1 MEDICATIONS?	N	Y	_____

PLEASE SEND DRIVERS LICENSES, DEMOGRAPHICS, MEDICATION LIST, & ANY RECENT LAB RESULTS AVALIBLE