



Rocky Mountain Gastroenterology

Patient Scheduling Form

Patient Name _____ DOB _____ M/F

Mailing Address _____

Telephone Home _____ Work _____ Cell _____

Preexisting Conditions _____ On Coumadin, Plavix etc. _____

Insurance _____ Ref Required _____ Auth # _____

ID# _____ Group# _____ SS# _____

Referring Physician _____

Phone Number _____ Fax Number _____

Schedule an Appointment for: Colonoscopy EGD Consultation Other _____

_____ Schedule with any RMG physician or circle the location or physician of choice below:

Aurora/Parker:

Jehad Barakat, MD
Asif Husain, MD
Anthony Madrid, MD
Pat Michaletz-Onody, MD
Michael Layfield, PA-C

Lakewood:

John Goff, MD
Rajesh Jain, MD
Waymon Lattimore, MD
Scott Mackenzie, MD
R. Matthew Reveille, MD
Lynn Hightower, NP

Wheat Ridge:

Lee Richman, MD
James Pulju, MD
Michael Firth, MD
Thomas Morales, MD
Brenda Westhoff, DO
Colleen Shattuck, PA-C

<u>Colonoscopy</u>	<u>EGD</u>
Screening _____ Hx of Polyps (Adenoma) Family History Change in bowel habits Diarrhea Hematochezia Heme + stools Anemia	Dysphagia Persistent Epigastric Pain Barrett's Esophagus Follow-Up GERD Melena Other _____
<u>Hemorrhoid Banding Treatment</u>	<u>Consultation</u>
Notes:	Reason for Visit:

Please include all medical records, lab work, x-rays, physician's dictation, insurance information and patient demographics!

FAX TO: 303-205-1091

**IF YOU HAVE QUESTIONS, PLEASE CALL CENTRAL SCHEDULING AT 303-205-1090
FOR URGENT PATIENTS CALL OUR DOCTOR'S LINE AT 303-205-1090 x 8506**