

**Jacqueline L. Kaiser, MD**  
**Winter Park Colon & Rectal Specialists**

**Direct Access Form for Colonoscopy**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Insurance: \_\_\_\_\_ ID: \_\_\_\_\_ Group: \_\_\_\_\_

During your last colonoscopy:

Did you have problems with the prep such as vomiting or incomplete clean out?

No  Yes If yes, explain: \_\_\_\_\_

Did you have any problems with the sedation during the procedure?

No  Yes If yes, explain: \_\_\_\_\_

How often do you have bowel movements?

Daily  Every other day  Less than three (3) times a week

Do you take any blood thinners?  No  Yes

If yes, which: \_\_\_\_\_

Do you have any questions about your next colonoscopy that you need to discuss in person with Dr. Kaiser?

No  Yes

Do you need, or has another doctor suggested, an upper endoscopy to be done at the same time as your colonoscopy?

No  Yes

Have you had any cardiac procedures since your last visit, such as a stent, angioplasty, pacemaker insertion or open-heart surgery?

No  Yes If yes, list: \_\_\_\_\_

You will need to print the specified patient paperwork from our website ([WinterParkCRS.com](http://WinterParkCRS.com)) and return it to our office by:

USPS: Winter Park Colon & Rectal Specialists, LLC  
255 N. Lakemont Ave #100  
Winter Park, FL 32792

Fax: 407-628-0925

Email: [KaiserMD0003@gmail.com](mailto:KaiserMD0003@gmail.com)

If our office does not contact you within one week, please call 407-628-1718.