



ENDOSCOPY UNIT REFERRAL

<input type="checkbox"/> Dr. Elgamal	Fax: 519-245-8305 Phone: 519-245-8392
<input type="checkbox"/> Dr. Jain	Fax: 519-245-7806 (SMGH Only) Phone: 519 246-6321
<input type="checkbox"/> Dr. Manji	Fax: 519-286-1622 Phone: 519-930-3019

Patient Name:	Phone Number:
Date of Birth:	OHIP Number:
Exam requested: <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Upper Endoscopy	Address:

Indications: Colonoscopy	Primary ✓ 1 st one that applies	Secondary ✓ all that apply
Abnormal FIT (Fecal Immunochemical Test)	<input type="checkbox"/>	NA
Abnormal FOBT (Fecal Occult Blood Test)	<input type="checkbox"/>	NA
Symptoms or abnormal test (not FIT, FOBT) <input type="checkbox"/> abnormal test or imaging <input type="checkbox"/> rectal bleeding <input type="checkbox"/> anemia <input type="checkbox"/> discomfort <input type="checkbox"/> change in bowel habits	<input type="checkbox"/>	<input type="checkbox"/>
First Degree Relative (parent, sibling, child) with Colorectal Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Surveillance of previous <input type="checkbox"/> colorectal neoplasm <input type="checkbox"/> IBD <input type="checkbox"/> Polyps	<input type="checkbox"/>	<input type="checkbox"/>
Other Screening <input type="checkbox"/> Over 50 <input type="checkbox"/> Extended family history colorectal cancer	<input type="checkbox"/>	<input type="checkbox"/>

Indications: Upper Endoscopy (✓all that apply)

Abdominal Pain Dyspepsia/Vomiting Dysphagia Heartburn / GERD

Anemia- last hgb level _____ Date: _____ Other: _____

Medical History (✓all that apply)

Diabetes Oral Meds Insulin Heart Disease

Blood Thinner Coumadin ASA Plavix Hypertension

Other Anticoagulant _____ Renal Disease

Mechanical Heart Valve Respiratory Disease

Prior Colonoscopy Date _____ MRSA VRE

Prior Upper Endoscopy Date _____

Referring Physician: <i>please print</i>	Date:
Physician Signature:	Phone:
	Fax:

Referring physicians are asked to provide patient with basic understanding of the procedure, bowel preparation, information regarding cessation of blood thinners prior to the procedure and interpreter if required.