



520 Ellesmere Rd Unit 404, Scarborough, ON M1R 0B1
Phone: 226-444-7709 Fax Line: 1(877)796-4626

DATE: _____

REFERRAL FORM

PATIENT INFORMATION

FIRST NAME _____

LAST NAME _____

ADDRESS _____

HEALTH CARD NO. _____

DATE OF BIRTH _____

DAYTIME PHONE _____

EVENING PHONE _____

GENDER ☐ MALE ☐ FEMALE

PHYSICIAN INFORMATION

REFERRING PHYSICIAN _____

ADDRESS _____

PHYSICIAN BILLING NUMBER _____

PHONE NUMBER _____

FAX NUMBER _____

CONSULTANTS:

•
•
•
•
•
•

REASON FOR REFERRAL

GASTROSCOPY ☐

☐ ANEMIA

☐ DYSPHAGIA

☐ DYSPEPSIA

☐ REFLUX SYMPTOMS (GERD)

☐ NAUSEA

☐ WEIGHT LOSS

☐ ABDOMINAL PAIN

COLONOSCOPY ☐

☐ HISTORY OF POLYPS

☐ BLOATING/GAS FLATULENCE

☐ RECTAL BLEEDING

☐ FAMILY HX COLON CA

SIGMOIDOSCOPY ☐

☐ CONSTIPATION

☐ DIARRHEA

☐ ANEMIA

☐ WEIGHT LOSS

ANORECTAL & OTHERS ☐

☐ HEMORRHOIDS

☐ FISSURE - IN ANO

☐ FISTULA - IN ANO

☐ OTHER

☐ SKIN TAGS/LESIONS

☐ SEBACEOUS CYST

☐ ANUSITIS

EXCLUSION CRITERIA - CHECK ALL APPLY - (PATIENTS SHOULD BE REFERRED TO HOSPITAL BASED PHYSICIAN):

CARDIOVASCULAR: ☐ RECENT MI <6 MONTHS OR UNSTABLE ANGINA

☐ CHF

☐ MORBID OBESITY (BMI)

PULMONARY: ☐ SEVERE COPD/EMPHYSEMA (ON HOME O2)

☐ SEVERE SLEEP APNEA (CPAP)

☐ OBSTRUCTIVE JAUNDICE/

GI/LIVER: ☐ BRISK GI BLEEDING/MELENA

☐ DECOMPENSATED LIVER DISEASE

CHOLANGITIS

OTHER: ☐ CURRENT PREGNANCY

☐ NON-AMBULATORY PATIENT

RENAL: ☐ DIALYSIS PATIENT

☐ SEVERE VALVULAR HEART DISEASE

MEDICATIONS:

BLOOD THINNERS ☐

ASPIRIN ☐

PLAVIX ☐

WARFARIN/COUMADIN ☐

INSULIN ☐

OTHER:

LIST ALL MEDICATIONS: _____

MEDICAL HISTORY

☐ HX OF ADVERSE REACTION TO SEDATION/ANESTHESIA

☐ DIABETES MELLITUS

☐ LAST SERUM CREATININE

☐ ALLERGIES

DOCTOR REMARKS: _____

☐ PATIENT USES PROPHYLACTIC ANTIBIOTICS

☐ PROSTHETIC HEART VALVE

☐ ABNORMAL RENAL FUNCTION