Dr. Emily Ching
Dr. Sapna Makhija
Dr. Avantika Marwaha

REFERRAL FORM

GI Health Centre

#32-1960 Appleby Line
Burlington, ON, L7L 0B7
Tel: (905)335-1888
Fax: (905)335-5656

Patient Name:_____ Height _____ weight_____ BMI_____

DOB(MM-DD-YY) _____ Age:_____

Patient Phone number_____ HCN:_____

Referring physician _____OHIP billing number _____ Date of referral_____

Is your patient taking:

☐ Warfarin/Anticoagulation

☐ Plavix

☐ Insulin

EXCLUSION CRITERIA (should <u>not</u> be referred to GIHC): ☐ Severe valvular heart disease ☐ Dialysis patients

☐ CAD: Recent MI (within 6 months) or unstable angina ☐ Current pregnant ☐ Brisk GI bleeding

☐ Severe COPD requiring home O2 ☐ Decompensated cirrhosis ☐ Obesity (BMI>40)

☐ Pacemaker or Implantable defibrillator ☐ Non-ambulatory patient

<u>COLONOSCOPY:</u> If **<u>NO EXCLUSION CRITERIA</u>** and **<u>NO significant co-morbidities,</u>** patient will be booked for **<u>direct SCREENING colonoscopy</u>**

☐ Average risk screening in a patient ≥ age 50 ☐ positive FOBT in ____ out of _____ tests

☐ bright red blood per rectum ☐ previous history of polyps ☐ family history of CRC in 1st degree relative

◦ Has the patient had a previous colonoscopy? ☐ Yes - year:_____ findings_____ (please include report and pathology)

☐ NO

<u>FIBROSCAN ($125):</u>

☐ FIBROSCAN only ☐ FIBROSCAN + Consultation

<u>ALL OTHER PATIENTS WITH GASTROINTESTINAL AND HEPATOBILIARY ISSUES WILL BE SEEN IN CONSULTATION FIRST</u>

(including ALL gastroscopy and hepatitis C referrals)

Reason for Referral (in detail)_____

_____

MEDICATIONS_____

PAST MEDICAL HISTORY_____

_____

PLEASE INCLUDE <u>ALL</u> PERTINENT INVESTIGATIONS

NO FACILITY FEE REQUIRED

ALL SERVICES (except for Fibroscan) ARE OHIP INSURED