Referral Request Form Richmond Hill: For Office Use Only)igestive 330 Hwy 7 East, Suite 510 Richmond Hill, ON, L4B-3P8 Phone: 905 707-5007, Fax: 905 707 5008 Gastroenterology & Hepatology Pickering: 1031 Brock Rd. South www.digestivehealth.ca Pickering, ON, L1W-3T7 Phone: 905 683 1700, Fax: 905 683 2577 **Patient Information: Doctor Information:** Referring Physician Name: Date of Birth Physician Fax No:_____ Physician Tel No:____ Patient Phone Number: OHIP Number: Physician Billing No:_____ Reason for Referral? (please check all that apply) Consult Services Gastroscopy Colonoscopy □ abdominal pain abdominal pain ☐ Haematology consult (please provide bloodwork) □ anemia □ anemia □ dark/black stools □ bloating/gas/flatulence □ Internal Medicine Consult (please provide bloodwork) □ bloating □ blood in stool □ dysphagia ☐ Hepatology Consult (please \Box colon screening (Age 50+) □ dyspepsia provide blood work) constipation □ nausea/ vomiting ☐ Thoracic Surgical Consult □ diarrhea □ odynophagia ☐ history of polyps Lab Services ☐ reflux symptoms (GERD) □ weight loss ☐ weight loss ☐ family history of colorectal cancer ☐ Capsule Endoscopy/Colonoscopy ☐ Celiac test ☐ Other (specify) ☐ FOBT (+) ☐ Urea breath test (H-Pylori test) ☐ Follow-up Surveillance ☐ Lactose intolerance □ Other (specify) ☐ Small Bowel Bacterial Overgrowth (SIBO Breath Test) ☐ Esophageal Manometry (Richmond Hill Only) **Book Directly for Procedure?** Tyes or No ☐ Liver Scan (Fibroscan) (consultation only) ☐ Fecal Calprotectin **Medical History** (please check and list ALL and/or attach a CPP) Medication (Please attach a list if available) Height_____ Weight_ ☐ History of heart disease (please provide recent bloodwork, ECG, & latest cardiology consult) □ CVA/TIA Any Blood Thinners (indicate which one): (please provide recent bloodwork). ☐ Renal Failure/ Dialysis Patient (please provide CBC, lytes & Creatinine taken within 2 weeks). Allergies

☐ Hepatitis A, B, C (circle one) Three business days cancellation notice required or a \$150.00 cancellation fee will apply

☐ Diabetes

☐ Lung Disease

☐ COPD

☐ Insulin Dependant

☐ Sleep Apnea or on CPAP