

Referral Request Form



- Richmond Hill:
330 Hwy 7 East, Suite 510
Richmond Hill, ON, L4B-3P8
Phone: 905 707-5007, Fax: 905 707 5008
- Pickering:
1031 Brock Rd. South
Pickering, ON, L1W-3T7
Phone: 905 683 1700, Fax: 905 683 2577

For Office Use Only

Patient Information:

Name: _____
 Date of Birth _____
 Patient Phone Number: _____
 OHIP Number: _____

Doctor Information:

Referring Physician _____
 Physician Fax No: _____
 Physician Tel No: _____
 Physician Billing No: _____

Reason for Referral? (please check all that apply)

Gastroscopy

- abdominal pain
- anemia
- dark/black stools
- bloating
- dysphagia
- dyspepsia
- nausea/ vomiting
- odynophagia
- reflux symptoms (GERD)
- weight loss
- Other (specify)

Colonoscopy

- abdominal pain
- anemia
- bloating/gas/flatulence
- blood in stool
- colon screening (Age 50+)
- constipation
- diarrhea
- history of polyps
- weight loss
- family history of colorectal cancer
- FOBT (+)
- Follow-up Surveillance
- Other (specify)

Consult Services

- Haematology consult (please provide bloodwork)
- Internal Medicine Consult (please provide bloodwork)
- Hepatology Consult (please provide blood work)
- Thoracic Surgical Consult

Lab Services

- Capsule Endoscopy/Colonoscopy
- Celiac test
- Urea breath test (H-Pylori test)
- Lactose intolerance
- Small Bowel Bacterial Overgrowth (SIBO Breath Test)
- Esophageal Manometry (Richmond Hill Only)
- Liver Scan (Fibroscan)
- Fecal Calprotectin

Book Directly for Procedure? Yes or No
 (consultation only)

Medical History (please check and list ALL and/or attach a CPP)

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).
- Diabetes
 - Insulin Dependant
 - DM II
- Lung Disease
 - Sleep Apnea or on CPAP
 - COPD
- Hepatitis A, B, C (circle one)

Medication (Please attach a list if available)

Allergies

