

IMPORTANT

The triage intake co-ordinator will assess the **FIRST PAGE** of this referral for completeness.
A Gastroenterologist will then assess the **ENTIRE REFERRAL** for content.

Please fill out the entire form. **INCOMPLETE REFERRAL FORMS WILL BE REJECTED.**

Do not use labels or stamps, fillable forms are available on pathwaysbc.ca

Fax all referrals individually, not as a batch containing multiple referrals.

Send your referral to the secure fax number provided above.

Any subsequent correspondence will only be accepted by fax.

Please see changes to Guidelines for Determining Level of Urgency of GI Referral on second page >>

Date of Referral: _____

Urgency of Referral: **URGENT** Semi-urgent
 Non-urgent

Patient Name: _____

DOB: (mm/dd/yyyy) _____

M F U

PHN: _____

Address: _____

Tel: _____

Cell: _____

Alt Contact: _____

Previous patient of: _____

Type of Referral: Hospital ER Re-referral
 New 2nd Opinion

First available Prefers to see: _____

Referring MD: _____ **MSP #** _____

Clinic Name: _____

Clinic Address: _____

Clinic Fax: _____

Clinic Tel: _____

Family MD: _____

Reason for Referral (Document in space provided below - NOT as separate attachment.)

Clinical Warnings: **NONE**

Anticoagulation and/or antiplatelet agent Morbid obesity

ICD cardioverter-defibrillator Diabetes

eGFR < 60 Cognitive impairment

Language barrier: _____ MRSA VRE C.diff

Allergies: _____ Other infectious disease

Other: _____ Mobility impairment

Supporting Documents: (bloodwork, microbiology, diagnostic imaging, histopathology, consultants letters)

Attached **NONE**

Pending: _____

Relevant Medical History: Attached **NONE**

Current Medications: Attached **NONE**

GUIDELINES FOR DETERMINING LEVEL OF URGENCY OF GI REFERRAL

EMERGENT - patient should be sent to the emergency department

As needed, the on call Gastroenterologist can be contacted through Island Health switchboard (250) 370-8699

Acute gastrointestinal bleeding

Decompensated liver disease

Esophageal food bolus or foreign body

Acute severe hepatitis

Clinical features of ascending cholangitis

Acute severe pancreatitis

URGENT

High likelihood of cancer based on imaging or physical exam

Severe or rapidly progressive dysphagia

Clinical features suggestive of active IBD

Acute painless obstructive jaundice

Bright red rectal bleeding

Positive fecal immunochemical test

Iron deficiency anemia

Imaging confirming choledocholithiasis

SEMI-URGENT

Poorly controlled GERD or dyspepsia

Confirmation of celiac disease (positive anti-TTG)

Stable dysphagia that is not severe

Chronic viral hepatitis

Chronic constipation or chronic diarrhea

Change in bowel habit

Chronic, unexplained abdominal pain

Newly diagnosed cirrhosis

NON-URGENT

Abnormal liver chemistry, persistent (greater than 6 months)

Chronic GERD for Barrett's screening

Screening/surveillance colonoscopy