

(Patient ID Label)

# ENDOSCOPY REFERRAL FORM

Please complete both sides of this request form and forward to Booking Office:

- Hay River fax: 874-7104
- Yellowknife fax: 765-4010
- Inuvik fax: 777-8036

**If the referral has not been completed appropriately, it will be returned for completion.**  
Your request will be prioritized by one of the endoscopists using the information you have provided on this referral form.

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **HC#:** \_\_\_\_\_

**Community:** \_\_\_\_\_ **Phone (H):** \_\_\_\_\_ **(W):** \_\_\_\_\_

Contact information if patient is staying in Yellowknife from out of town: \_\_\_\_\_

Translator needed:  Yes (language: \_\_\_\_\_)  No

**Procedure Requested:**  Gastroscopy  Colonoscopy  Bronchoscopy

**Medication Allergies:**  NKDA  Eggs or Soya  Latex

Please attach list or list here: \_\_\_\_\_

**Medical Conditions:**

- Yes  No Abnormal coagulation
- Yes  No Renal impairment
- Yes  No Cardiac disease
- Yes  No Diabetes
- Yes  No Known alcohol/drug abuse
- Yes  No Infection
- Yes  No Immunocompromised
- Yes  No Prior abdominal, gastric, or bowel surgery
- Yes  No Morbidly obese (BMI greater than 40):

BMI \_\_\_\_\_ Weight \_\_\_\_\_

**Current Medication:**

**Please attach a current list of medications.**

- Yes  No Non-steroidal anti-inflammatories
- Yes  No ASA
- Yes  No Anticoagulant therapy
- Yes  No Plavix

Prior endoscopy done by:  Internal Medicine  General Surgery Other: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach the following results with this request:**

- CBC and differential
- Creatinine within the past year (if for a colonoscopy)
- FIT results (if a screening colonoscopy is requested and patient is an average risk for CRC; **\*See current GNWT CRC guidelines**)
- Other lab reports where applicable (i.e. stool for ova and parasites)
- Diagnostic Imaging reports pertinent to the referral (i.e. CXR and/or CT scan for Bronchoscopy)
- Related operative reports
- Related pathology reports

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## Clinical Details

<b>Indications:</b>	√	<b>Duration/Details:</b>
Dysphagia		
Barrett's esophagus		
Unexplained weight loss		<b># of kg:</b> <b>Time frame:</b> <span style="float: right;"><b>Height:</b> <b>Weight:</b></span>
Vomiting		
Hematemesis		<b>Hgb:</b>
Jaundice		
Altered bowel habit		
Bright red blood per rectum		
Diarrhea		<b>Number of bowel movement/day:</b> <span style="float: right;"><b>Cultures:</b></span> <b>Consistency:</b> <b>Duration:</b>
Iron deficiency anemia		<b>Date:</b> <span style="float: right;"><b>Hgb:</b></span> <b>MCV:</b> <span style="float: right;"><b>Iron studies:</b></span>
Melena stool		
Positive Fecal (FIT) Immunochemical test		<b>Date:</b> <b>Number of positive out of 3 samples:</b>
Abnormal Diagnostic Imaging (attach results)		
Post colorectal cancer – routine follow up (if not currently on a call-back list)		<b>Initial diagnosis:</b> <b>Surgery:</b> <b>Last colonoscopy done:</b>
*Family history of colorectal cancer (indicate which relatives and age)		<b>*See current GNWT guidelines for Colorectal Cancer screening</b>
*Inflammatory bowel disease		<b>*See current GNWT guidelines for Colorectal Cancer screening</b> <b>Duration of disease:</b> <b>Date of last colonoscopy:</b>
Other:		

Have you discussed this case with one of the endoscopists? \_\_\_\_\_

Requested by: \_\_\_\_\_ / \_\_\_\_\_ Clinic/Health Centre: \_\_\_\_\_  
Signature Print