

REFERRAL FORM – Fax to 519-254-4158

ROSE CITY ENDOSCOPY

Operated by Dr. V. Khokhotva Medicine
Professional Corporation
2109 Ottawa St., Unit 1060, Windsor ON N8Y1R8
Tel:519-254-4154 www.rosecityendoscopy.ca

Referral date (dd/mm/yyyy):		
Is this an urgent referral?	YES	NO
If yes, specify medical reason for urgency:		

Please inform your patient about this referral and give them a copy of our Referral Information sheet
Referral Information sheet provided? YES NO (please see website for information sheet)
Incomplete referrals will be returned

Patient Information (affix label or complete Name OHIP# VC DOB (dd/mm/yyyy) Phone Address Email:		Referring MD name: Signature: OHIP billing# Phone Fax				
Height (ft) (in) OR (cm)	Weight (lbs) OR (kg)					
Family MD (mandatory if not the referring provider)						
REASON FOR REFERRAL: Colonoscopy Gastroscopy Other Concise symptoms and provisional diagnosis:						
If the referral is for a lower GI complaint (including rectal bleeding, hemorrhoidal symptoms, anorectal pain) attach last procedure and pathology report (unless previous procedures were at Rose City Endoscopy)						
Previous colonoscopy	YES	NO	Date (mm/yyyy)			
MEDICAL HISTORY (active & relevant past diagnoses)	Diabetes	YES	NO			
	Pacemaker/ defibrillator	YES	NO			
	Malignant hyperthermia	YES	NO			
	Myocardial infarction, stroke, DVT/PE in the past 6 months	YES	NO			
	Neurological disease (Parkinson's/ MS/dementia/other)	YES	NO			
	Home O2/history of intracranial bleeding or aneurysm	YES	NO			
SOCIAL HISTORY:	Smoker	YES	NO	EtOH	YES	NO
	Marijuana	YES	NO	History of drug abuse/methadone	YES	NO
Difficulty with mobility:	wheelchair/walker	YES	NO	require assistance	YES	NO
CURRENT MEDICATIONS (list ALL current prescription medications; dosing is not required) If the patient is not taking any prescription medications, write NONE.						
Medication allergies	YES	NO	List allergies:			
Coumadin/Warfarin	YES	NO	Can it be held for 5 days prior to procedure?	YES	NO	
Plavix, Brilinta, or other systemic antiplatelet Rx	YES	NO	Can it be held for 7 days prior to procedure?	YES	NO	
Direct oral anticoagulant (Dabigatran, Rivaroxaban, Apixaban or similar)	YES	NO	Can anticoagulant be held for 2 days prior to a procedure?	YES	NO	

PLEASE NOTE: INCOMPLETE REFERRALS WILL BE RETURNED