Fraser Gastroenterology

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4-2785 Bourquin Cres W, Abbotsford, BC V2S 5X6, Canada   PLEASE FAX COMPLETED FORM WITH ALL INFO

Telephone Number: +1(604) 735-6434

Patient Demographic Information

Last Name:

First Name:

PHN:

DoB (mm/dd/yyyy):   Gender: ☐ M ☐ F ☐ Other

Cell Phone:

Email:

Mailing Address:

City: Postal Code:

Referring Provider Information

Provider Name:

MSP #:

Clinic Name:

Clinic Address:

Clinic Phone:

Clinic Fax Number

GP Name (if not referring):

Description of GI Problems

Past Medical History

Medications

Procedure Requestrd: EGD, Colonoscopy, ERCP, EUS

Allergies

Family History

Urgency of Referral: Indicate if Emergent(< 2 wk), Urgent(<8 week), Semi-urgent(< 12 week), or Elective

On the following page, indicate the primary reason for referral and attach the relevant investigations. Bolded items are necessary for triage.

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Symptom Evaluation

☐ **Abdominal Pain**
• CBC, ferritin, ALT, alk phos, bili, GGT, CRP, lipase, lytes/Cr, anti TTG, IgA, iCa, imaging• CBC, ferritin

☐ **Constipation**
• DRE results, CBC, ferritin, iCa, TSH, anti TTG, IgA

☐ **Diarrhea**
• CBC, ferritin, albumin, CRP, anti TTG, IgA, stool cultures/O&P/Cdiff, TSH• CBC, ferritin, CRP, anti TTG, IgA, ALT, Alk phos, GGT, bili, lipase, TSH

☐ **Dyspepsia**
• H. pylori results, PPI trial

☐ **Dysphagia**
• CBC, ferritin

☐ **GERD/Heartburn**

☐ **GI Bleed (upper): melena/hematemesis**

☐ **GI Bleed (lower): rectal bleeding ≥2x/week for 2 weeks**
• Hemoglobin, ferritin

☐ **Nausea/vomit/bloat**
• Anti TTG, IgA, ALT, Alk phos, bili, TSH, iCa

☐ **Weight Loss**

Disease Management

☐ **Abnormal Imaging**
• Imaging

☐ **Abnormal LFT's**
• CBC, ALT, Alk phos, GGT, INR, albumin, bilirubin; Hep A/B/C serology; Ultrasound ordered

☐ **Iron Deficiency Anemia**
• CBC, ferritin, anti TTG, IgA

☐ **Barrett's Screening/Surveillance**
• Last screening date and path

☐ **Colon Cancer Screening/Surveillance (outside BCCA)**
• Prior colonoscopy, pathology and family history

☐ **Gastric Cancer Screening**
• Family history or ethnic risk; H. pylori stool antigen test

☐ **Celiac Disease**
• Anti TTG, IgA, prior biopsy; CBC, ferritin; duration gluten free

☐ **Diverticulitis**
• Imaging; number of episodes and antibiotic courses

☐ **Pancreatitis**
• Imaging, lipase; ALT, Alk phos, bili, iCa, triglycerides

☐ **Pancreatic Cyst**
• Imaging; CEA, CA19 9

☐ **Chronic Liver or Biliary Disease**
• CBC, ALT, Alk phos, GGT, INR, albumin, bilirubin, ultrasound

☐ **Request for EUS/ERCP for liver or biliary disease**
• LFTs, imaging

☐ **IBD**
• CBC, ferritin, CRP
prior colonoscopy and pathology; imaging; surgical history; fecal calprotectin

☐ **IBS** • CBC, ferritin, antiTTG,ALT, Alk phos, bili, iCa, TSH;

Triage Guidelines (Canadian Association of Gastroenterology)

We use the below Canadian Association of Gastroenterology Wait Time Guidelines to triage. Meeting these guidelines depends on local resources.

Emergent (please also direct to ER)	Urgent (target wait = 2 weeks):	Semi-Urgent (target wait = 8 weeks):	Routine (target wait = 26 weeks)
Acute GI bleeding	Suspected cancer on exam/image	Lower GI bleeding/FIT positive	Screening for colon cancer (outside BCCA indications)
Esophageal foreign body	Painless acute jaundice	Fe deficiency anemia	Barrett's screening
Symptoms of ascending cholangitis	Severe dysphagia	Chronic viral hepatitis	Elevated LFT's > 6 months
Decompensated liver disease	Active IBD	Dysphagia/reflux/dyspepsia	
Acute severe hepatitis		Chronic constipation/diarrhea	
Acute severe pancreatitis		Change in bowel pattern	
		Chronic abdominal pain	
		Celiac evaluation	

IMPORTANT
INCOMPLETE REFERRAL FORMS AND THOSE LACKING SUPPORTING DOCUMENTATION WILL RESULT IN A DELAY IN PROCESSING