

# 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

## Past Surgical History

## Allergies

## Family History

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

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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 Esophageal foreign body Symptoms of ascending cholangitis Decompensated liver disease Acute severe hepatitis Acute severe pancreatitis	Suspected cancer on exam/image Painless acute jaundice Severe dysphagia Active IBD	Lower GI bleeding/FIT positive Fe deficiency anemia Chronic viral hepatitis Dysphagia/reflux/dyspepsia Chronic constipation/diarrhea Change in bowel pattern Chronic abdominal pain Celiac evaluation	Screening for colon cancer (outside BCCA indications) Barrett's screening Elevated LFT's > 6 months

### IMPORTANT

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