

# 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 Requested: EGD, Colon, ERCP, EUS

\_\_\_\_\_

## 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.

<b>Emergent (please also direct to ER)</b>	<b>Urgent (target wait = 2 weeks):</b>	<b>Semi-Urgent (target wait = 8 weeks):</b>	<b>Routine (target wait = 26 weeks)</b>
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