



WRHA Referral Form for Endoscopy
(Gastroscopy, Colonoscopy, Flexible Sigmoidoscopy)

Date of Referral:

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| D | D | M | M | Y | Y | Y | Y | | |

Patient Information

Mailing Address: _____
 Non Manitoba Patient Health Card: _____
 Phone # where message can be left:

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 Alternate Phone #:

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 Emergency Contact: _____
 Emergency Contact Phone #:

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 Language: English Other: _____
 Requires a translator (indicate language) _____

Referring Clinician

Name: _____
 Address: _____
 Phone #:

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 Fax #:

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Family Physician (if different from referring physician)

Name: _____
 Phone #:

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 Fax #:

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Current Medications (or attach medication list)

Antiplatelet Therapy: _____
 Oral Anticoagulant: _____
 Injectable Anticoagulant: _____
 Oral Hypoglycemic: _____

No Medications
 Acetylsalicylic Acid (Aspirin) Iron
 NSAIDS Steroids
 Blood Pressure Immunosuppressant
 Insulin Other: _____

Previous Endoscopic Procedure(s) (Attach reports of previous endoscopies, if available)

Colonoscopy Date:

| | | | | | | | | | |
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 Comments: _____
 Gastroscopy Date:

| | | | | | | | | | |
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| D | D | M | M | Y | Y | Y | Y | | |

 Comments: _____
 Flexible Sigmoidoscopy Date:

| | | | | | | | | | |
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| D | D | M | M | Y | Y | Y | Y | | |

 Comments: _____

Medical History - up to date (see attached if applicable) No significant medical history

Include all pertinent lab and diagnostic information (see page 3)

| | | | |
|---|--|--|---|
| <input type="checkbox"/> CHF | <input type="checkbox"/> Pacemaker/Defibrillator | <input type="checkbox"/> Cirrhosis | <input type="checkbox"/> Type I Diabetes |
| <input type="checkbox"/> IHD | <input type="checkbox"/> Atrial Fibrillation | <input type="checkbox"/> Compensated | <input type="checkbox"/> Type II Diabetes |
| <input type="checkbox"/> Post MI | <input type="checkbox"/> PE/DVT | <input type="checkbox"/> Decompensated | <input type="checkbox"/> Prosthetic Hardware |
| <input type="checkbox"/> Coronary Artery Stent | <input type="checkbox"/> Post Stroke | <input type="checkbox"/> Renal Insufficiency | <input type="checkbox"/> Dementia |
| <input type="checkbox"/> Valvular Heart Disease | <input type="checkbox"/> COPD | <input type="checkbox"/> Dialysis | <input type="checkbox"/> Unable to sign consent |
| <input type="checkbox"/> Mechanical Valve Replacement | <input type="checkbox"/> Sleep Apnea | <input type="checkbox"/> Creatinine: _____ | <input type="checkbox"/> Mobility Concerns (specify): _____ |

Cancer (type): _____ Date of Diagnosis:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|--|--|
| | | | | | | | | | |
| D | D | M | M | Y | Y | Y | Y | | |

Height (cm): _____ Weight (kg): _____ BMI: _____ Blood Pressure: _____ Pulse: _____

Allergies: _____

ASA Classification: 1 2 3 4 5

Infection Control: MRSA VRE ESBL C. difficile Other: _____

Patient Preference

Refer to the next available specialist
 Provider or patient prefers a specific specialist: _____

Healthcare Provider Review

The procedure indications have been discussed with the patient
 Additional information is included with this referral, where applicable
 Patient is not suitable to go direct to scope (see reasons on page 3)

Referring Clinician: _____

SIGNATURE _____

PRINTED NAME AND DESIGNATION _____



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Fax Completed form to Endoscopy Central Intake at 204-940-2030

Reason for Referral

Indicate all that apply including duration of symptoms.

Provide additional information as an attachment to this form (see next page for specific lab and/or diagnostic information that should accompany the referral)

URGENT (2 WEEKS)

- Palpable rectal or abdominal mass suspicious for cancer
- Lower abdominal imaging suspicious for cancer
- Upper abdominal imaging suspicious for cancer

SEMI-URGENT (4 WEEKS)

- Unexplained persistent rectal bleeding
 (semi urgent if symptoms have not been investigated recently with weight loss, changes in bowel habits, or family history of colorectal cancer)
- Unexplained iron deficiency anemia
- Bloody diarrhea/features suggestive of IBD
- Severe/progressive odynophagia/dysphagia
- FOBT positive (Not a single office-based FOBT from DRE) (Do NOT test if active bleeding)
 (Include all supporting labs; CBC, iron studies (ferritin +/- iron and TIBC))

ELECTIVE (Attach Clinical Notes)

- Above Average Risk screening for colorectal cancer (as per colorectal screening guidelines page 3)
 - Level 1 Level 2a Level 2b
- Surveillance for prior colorectal cancer
- Surveillance for prior polyps: include information related to histology, history, size, number and date of previous scope(s)
- Chronic or non-progressive dysphagia Unexplained significant weight loss
- Barrett's, known history/establish Barrett's Confirmation of suspected celiac disease
- Persistent or recurrent vomiting or nausea Screen/manage varices
- Persistent or recurrent diarrhea Unexplained anemia (not iron deficiency anemia)
- Unexplained rectal bleeding does not meet criteria for Semi-Urgent
- Other: _____

NOTE: For non-specific gastrointestinal symptoms such as abdominal pain, change in bowel habits, dyspepsia, uncontrolled reflux, average risk of colorectal cancer, or management of inflammatory bowel disease, send a consult to Gastroenterology or General Surgery as appropriate for evaluation before endoscopy.

Additional Information:

Scope Required (Endoscopists only)

- Gastroscopy Colonoscopy Colonoscopy/Gastroscopy Flexible Sigmoidoscopy ERCP EUS Other:
- Urgent (2 weeks) Semi urgent (4 weeks) Elective (next available) Time sensitive, specify: _____



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INSTRUCTIONS FOR COMPLETION

Fax completed form and attachments to Endoscopy Central Intake at 204-940-2030

*All pertinent information must be completed to facilitate proper assessment of the consult.
 An incomplete consult may be returned to the originating office and, as a result, will be considered as not received.*

NOTE: This form is for non-emergent consults only. Patients deemed to require immediate attention by their family and/or referring physician should be directed to the emergency room of an appropriate healthcare facility.

For more information about the referral process go to <http://www.wrha.mb.ca/prog/endoscopy/Central-Intake.php>

Suitable for Direct to Scope:

1. Definite indication for endoscopy
2. Presumed able to follow pre procedure instructions and bowel prep when applicable
3. Patient cognitively intact and agreeable to procedure
4. Absence of major medical illness requiring assessment (ASA Class 1, 2 and 3)
5. Not on anticoagulation (excluding Acetylsalicylic Acid or Clopidogrel) or requiring bridging anticoagulation protocol

It is the opinion of the referring physician that an endoscopic procedure is strongly indicated. Key patient data has been provided in the consult. **The procedure, alternatives, risks and anticipated outcome has been disclosed. Any further assessment/information required can be obtained at the time of the endoscopic procedure.**

ASA (American Society of Anesthesia) Classification

- Class 1:** Healthy patient, no medical problems
- Class 2:** Mild systemic disease
- Class 3:** Severe systemic disease, but not incapacitating
- Class 4:** Severe systemic disease that is a constant threat to life
- Class 5:** Moribund, not expected to live 24 hours irrespective of operation

Screen for Colorectal Cancer – Determine Above Average Risk:

- Level 1:** One first degree relative less than or equal to 60 with colorectal cancer
- Level 2a:** One first degree relative greater than age 60 with colorectal cancer or advanced adenoma
- Level 2b:** Two first degree relatives with colorectal cancer or advanced adenoma at any age

Include the following information for all referrals:

1. CBC, Creatinine, INR
2. For suspected celiac disease: Include TTG and EMA antibodies
3. For unexplained anemia: CBC, liver enzymes, liver function tests, Vitamin B12 levels, celiac serology, ferritin
4. High likelihood of cancer: All recent diagnostic imaging reports (CT, MRI, Ultrasound)
5. Prior endoscopy within last 10 years: ALL endoscopy reports, and pathology reports related to endoscopy. If old reports are not available, indicate prior endoscopic provider and approximate dates of procedures.

Additional Information:

LEGEND

| | | | |
|--|---|----------------------------------|--|
| ASA - American Society of Anesthesia | DRE - Digital Rectal Examination | FOBT - Fecal Occult Blood Test | MRSA - Methicillin-resistant Staphylococcus Aureus |
| BMI - Body Mass Index | ERCP - Endoscopic Retrograde Cholangiopancreatography | IBD - Inflammatory Bowel Disease | NSAIDS - Nonsteroidal Anti-inflammatory Drugs |
| C. difficile - Clostridium Difficile | ESBL - Extended Spectrum Beta Lactamase | IHD - Ischaemic Heart Disease | PE/DVT - Pulmonary Embolism/Deep Vein Thrombosis |
| CHF - Congestive Heart Failure | EUS - Endoscopic Ultrasound | MI - Myocardial Infarction | VRE - Vancomycin-resistant Enterococcus |
| COPD - Chronic Obstructive Pulmonary Disease | | | |