

GASTROENTEROLOGY Central Access & Triage Form

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Secure Fax: 888-398-7091



IMPORTANT

Triage intake will only be assessing the first page of this referral.

Please fill out the entire form. INCOMPLETE REFERRAL FORMS WILL BE REJECTED.

Fax all referrals individually, not as a batch containing multiple referrals.

Send your referral to the secure fax number provided above.

Any subsequent correspondence will only be accepted by fax.

Please See Changes to Guidelines for Determining Level of Urgency of GI Referral on Second Page.

Date of Referral: _____		Type of Referral: <input type="checkbox"/> Hospital ER <input type="checkbox"/> Re-referral <input type="checkbox"/> New <input type="checkbox"/> 2 nd Opinion	
Urgency of Referral: <input type="checkbox"/> Urgent <input type="checkbox"/> Semi-urgent <input type="checkbox"/> Non-urgent		Previous patient of: _____	
Patient Name: _____		<input type="checkbox"/> First available: <input type="checkbox"/> Prefers to see: _____	
DOB: _____ MMM / DD / YYYY		Referring MD: _____	
PHN: _____		Clinic Name: _____	
Address: _____		Clinic Address: _____	
Tel: _____		Clinic Fax: _____	
Cell: _____		Clinic Tel: _____	
Alt Contact: _____		Family MD: _____	

Reason for Referral (Document in space provided below - NOT as separate attachment – To ensure your patient is triaged in a timely manner, please provide summary of signs and symptoms, timeline of onset, provisional diagnosis, and treatment to date)

Supporting Documents (bloodwork, microbiology, diagnostic imaging, histopathology, consultants letters)

Attached None Pending: _____

Clinical Warnings: Anticoagulation Cognitive impairment Language barrier: _____
 None Diabetes Infectious Disease Allergies: _____
 eGFR < 60 Mobility Other: _____

Relevant Medical History:

Attached None

Current Medications:

Attached None

GUIDELINES FOR DETERMINING LEVEL OF URGENCY OF GI REFERRAL

EMERGENT - patient should be sent to the emergency department

As needed, the on call Gastroenterologist can be contacted through Island Health switchboard (250) 370-8699

Acute gastrointestinal bleeding	Severe decompensated liver disease
Esophageal food bolus or foreign body obstruction	Acute severe hepatitis
Clinical features of ascending cholangitis	Acute severe pancreatitis

URGENT

High likelihood of cancer based on imaging or physical exam	Severe or rapidly progressive dysphagia
Clinical features suggestive of active IBD	Acute painless obstructive jaundice
Bright red rectal bleeding	Positive fecal occult blood test
Documented iron deficiency anemia	

SEMI-URGENT

Poorly controlled GERD/dyspepsia	New-onset change in bowel habit
Stable dysphagia that is not severe	Chronic viral hepatitis
Chronic constipation or chronic diarrhea	Confirmation of celiac disease (positive anti-TTG)
Chronic, unexplained abdominal pain	

NON-URGENT

Chronic GERD for screening endoscopy	Abnormal liver enzyme tests, persistent (>6 months)
Screening colonoscopy	