

# Screening Colonoscopy Clinic

## Direct Referral Form

<b>Pt name</b>
<b>DOB</b>
<b>PHN</b>
<b>Phone # 250-</b>
<b>Address:</b>
<b>Current health history:</b>
<b>Current list of meds:</b>
<b>GP's Name:</b>
<b>GP's Phone Number:</b>

Please fill out this form and fax it to **250-755-7983** If the patient has any symptoms or the patient is considered to be at higher risk\* (see below) then refer to the normal referring process.

**Current Screening Criteria:**

Pt must be no older than 75

**One of the following must be checked to be eligible**

Colorectal cancer in 1st degree relative; screening starts at age 40 (or 10 years younger than the youngest case of CRC in the family whichever is lower)

Adenomatous polyp in a 1<sup>st</sup> degree relative; screening starts at age 50

Colorectal Cancer in a 2<sup>nd</sup> degree relative; screening starts at age 50

Positive FOBT or FIT in an asymptomatic patient any age

Patients are **NOT** eligible if they are considered to be at higher risk\* if they are on or have the following:

- × Anticoagulants
- × Antiplatelets such as Plavix or Ticlid. Patients taking ASA/NSAIDS are eligible
- × ICD or pacemaker
- × Insulin dependent diabetic
- × Renal insufficiency, dialysis
- × CHF or Home O2

**If patients are not eligible please refer to your current practice of referring to a general surgeon of your choice.**