

**IMPORTANT**

The intake Triage Clerk will assess the **FIRST PAGE** of this referral for completeness.  
A Gastroenterologist will then assess the **ENTIRE REFERRAL** for content.

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

Do not use labels or stamps, fillable forms are available on [pathwaysbc.ca](http://pathwaysbc.ca)

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: \_\_\_\_\_

Urgency of Referral:  **URGENT**     Semi-urgent  
 Non-urgent

Patient Name: \_\_\_\_\_

DOB: (mm/dd/yyyy) \_\_\_\_\_

M     F     U

PHN: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_

Cell: \_\_\_\_\_

Alt Contact: \_\_\_\_\_

Previous patient of: \_\_\_\_\_

Type of Referral:  Hospital ER     Re-referral  
 New     2nd Opinion

First available     Prefers to see: \_\_\_\_\_

Referring MD: \_\_\_\_\_ MSP # \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Clinic Fax: \_\_\_\_\_

Clinic Tel: \_\_\_\_\_

Family MD: \_\_\_\_\_

**Reason for Referral** (Document in space provided below - NOT as separate attachment.)

**Clinical Warnings:**  **NONE**

Anticoagulation and/or antiplatelet agent     Morbid obesity  
 ICD cardioverter-defibrillator     Diabetes  
 eGFR < 60     Cognitive impairment  
 Language barrier: \_\_\_\_\_     MRSA     VRE     C.diff  
 Allergies: \_\_\_\_\_     Other infectious disease  
 Other: \_\_\_\_\_     Mobility impairment

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

Attached     **NONE**  
 Pending: \_\_\_\_\_

**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

Decompensated liver disease

Esophageal food bolus or foreign body

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 immunochemical test

Iron deficiency anemia

Imaging confirming choledocholithiasis

### **SEMI-URGENT**

Poorly controlled GERD or dyspepsia

Confirmation of celiac disease (positive anti-TTG)

Stable dysphagia that is not severe

Chronic viral hepatitis

Chronic constipation or chronic diarrhea

Change in bowel habit

Chronic, unexplained abdominal pain

Newly diagnosed cirrhosis

### **NON-URGENT**

Abnormal liver chemistry, persistent (greater than 6 months)

Chronic GERD for Barrett's screening

Screening/surveillance colonoscopy