

Patient Information	Referral Guidelines for Endoscopy				
Name: Health Card#: <input type="checkbox"/> Male <input type="checkbox"/> Female DOB Primary Phone: Second Phone: Mailing Address:	<b>Triage</b>  <input type="checkbox"/> Emergent	<b>Gastrointestinal Issue</b>  <input type="checkbox"/> Patients with UGI bleeding or active bleeding	<b>Direction</b>  Call on Call Surgeon  Admit Patient to monitored bed	<b>Requested Clinical Workup/Actions</b>  <input type="checkbox"/> CBC, Extended Electrolytes, Liver Enzymes, INR/PTT <input type="checkbox"/> Pantoloc +/- Octreotide <input type="checkbox"/> Crossmatch +/- Transfuse <input type="checkbox"/> Reverse anticoagulants	<b>Goal time to scope</b>  Immediate-48 hrs depending on stability
<b>Reason for Referral</b>  Please check appropriate boxes in Guidelines for Referral Section. Other Reason (please specify):	<input type="checkbox"/> Urgent	<input type="checkbox"/> Dysphagia <input type="checkbox"/> Dyspepsia with alarm symptoms <input type="checkbox"/> Rectal bleeding with alarm symptoms <input type="checkbox"/> Weight loss <input type="checkbox"/> Possible carcinoma on imaging	Call for triage.  Consider for admission.	<input type="checkbox"/> CBC, Electrolytes  <input type="checkbox"/> Consider CEA, LFTs  <input type="checkbox"/> Consider CT Scan	1-14 days
<b>Significant Patient Health Issues</b>	<input type="checkbox"/> Semi-Urgent	<input type="checkbox"/> Rectal Bleeding without alarm symptoms <input type="checkbox"/> Recurrent abdominal pain <input type="checkbox"/> Dyspepsia <input type="checkbox"/> GERD <input type="checkbox"/> Bloody Diarrhea	Fax referral to office	<input type="checkbox"/> CBC, Electrolytes  <input type="checkbox"/> Consider LFTs, Amylase, Lipase	<7 weeks
	<input type="checkbox"/> Non-Urgent	<input type="checkbox"/> Colon cancer screening <input type="checkbox"/> Barrett's screening <input type="checkbox"/> Second opinions	Fax referral to office	<input type="checkbox"/> None needed	30 weeks
<b>Physician Referral Information</b>	These are clinical guidelines for endoscopy referral made to optimize patient time to diagnosis and treatment.				
Name: Phone: Fax:	<b>Female Patients of Reproductive Age</b> <ul style="list-style-type: none"> <li>Please consider adding pregnancy test on any emergent, urgent, or semi-urgent cases</li> </ul> <b>Patients with Suspected Malignancy:</b> <ul style="list-style-type: none"> <li>Any patient with proven colorectal cancer considered for surgery will need a colonoscopy by a surgeon for reasons of operative planning</li> <li>Any patient clinically suspected to have colon cancer should be referred directly to myself or one of the general surgeons to avoid a repeated endoscopy procedure</li> </ul> <b>Please Refer to Gastroenterology for the following:</b> <ul style="list-style-type: none"> <li>Emergent: Encephalopathic patients</li> <li>Urgent: Patients with acute jaundice or pancreatitis</li> <li>Semi-Urgent/Non-Urgent: Flare in IBD, IBS, Chronic Abdominal Pain</li> </ul>				