

Patient Information	Referral Guidelines for Defined General Surgical (non-breast) Health Issues		
Name: Health Card#: <input type="checkbox"/> Male <input type="checkbox"/> Female DOB Primary Phone: Second Phone: Mailing Address:			
Reason for Referral			
Please check appropriate boxes in Guidelines for Referral Section. Briefly detail and including other reasons: Triage: <input type="checkbox"/> Urgent <input type="checkbox"/> Semi-Urgent <input type="checkbox"/> Non-Urgent			
Significant Patient Health Issues*			
*Please attach: Summary of prior treatments/consults, current & past meds, and details of significant comorbidities			
Physician Referral Information			
Name: Phone: Fax:			
ANAL AND COLORECTAL			
<input type="checkbox"/> Proven Colon or Rectal Cancer	Fax Clinic +/- phone for triage	<input type="checkbox"/> CBC, Extended Electrolytes, Liver Enzymes, INR/PTT, CEA <input type="checkbox"/> CT Chest/Abdo/Pelvis <input type="checkbox"/> MRI/EUS (rectal Ca only)	
<input type="checkbox"/> Suspected Colon or Rectal Cancer	Refer for colonoscopy	<input type="checkbox"/> CBC, Extended Electrolytes, Liver Enzymes, INR/PTT <input type="checkbox"/> Consider CT	
<input type="checkbox"/> Rectal Prolapse	Fax clinic	<input type="checkbox"/> CBC, Electrolytes	
<input type="checkbox"/> Diverticulitis	Fax clinic (if CT+)	<input type="checkbox"/> CBC, Electrolytes <input type="checkbox"/> CT Abdo/pelvis at time of attack	
<input type="checkbox"/> Perianal Fistula or Abscess	Fax clinic	None needed	
<input type="checkbox"/> Hemorrhoids	If bleeding, fax for endoscopy otherwise clinic	<input type="checkbox"/> CBC and Electrolytes if bleeding	
<input type="checkbox"/> Anal Fissure	If bleeding fax for endoscopy otherwise clinic	<input type="checkbox"/> CBC and Electrolytes if history of bleeding <input type="checkbox"/> May attempt Diltazem 2% cream	
HERNIA			
<input type="checkbox"/> Inguinal <input type="checkbox"/> Umbilical <input type="checkbox"/> epigastric <input type="checkbox"/> incisional	Fax Clinic, call for triage if worrisome symptoms	None Needed	
<input type="checkbox"/> abdominal wall hernia (i.e., spigelian)	On call surgeon if symptomatic Call for triage if asymptomatic	<input type="checkbox"/> CT Scan – these are difficult to identify on physical exam and have high risk of Incarceration	
BILIARY			
<input type="checkbox"/> Biliary Colic	Fax Clinic	<input type="checkbox"/> Ultrasound or HIDA (CT okay if +gallstones)	
<input type="checkbox"/> Biliary Dyskinesia	Fax Clinic	<input type="checkbox"/> HIDA (necessary)	
MISCELLANEOUS			
<input type="checkbox"/> Pilonidal Disease	Fax Clinic	<input type="checkbox"/> consider also referring for laser hair removal	
<input type="checkbox"/> Lipoma <input type="checkbox"/> Pilar Cyst <input type="checkbox"/> Toenail <input type="checkbox"/> Skin Lesion	Fax Clinic for Ambulatory Care	<input type="checkbox"/> consider punch biopsy if large and suspicious for melanoma	
<input type="checkbox"/> Axillary or Groin mass	Call clinic after workup complete	<input type="checkbox"/> CT Scan – consider neck, chest, abdo, pelvis <input type="checkbox"/> Mammogram for female	
Key Points: <ul style="list-style-type: none"> All skin lesions on face, neck, or hands should be referred to plastic surgery 			