



CANMED MISSISSAUGA REFERRAL FORM

3580 Thomas St., Unit 103, Mississauga, ON L5M 0G2

Phone: 226-368-3490 Fax: 866-907-3584

Date: _____

PATIENT INFORMATION

First Name: _____ Last Name: _____
Address: _____ Date of Birth: _____
Health Card No: _____ Gender: ☐ Male ☐ Female
Daytime Phone: _____ Evening Phone: _____

PHYSICIAN INFORMATION

Referring Physician: _____ Physician Billing Number: _____
Address: _____
Phone Number: _____ Fax Number: _____
MD Signature: _____

REASON FOR REFERRAL

☐ URGENT

☐ CONSULTATION

☐ FOLLOW UP

GI Endoscopy Evaluation and Pre-operative Internal Medicine / Anesthesia Consultation

Pre-operative Out-of-Hospital (OHP) Requirements for Endoscopy

A pre-endoscopy consultation assesses risk factors and suitability for the endoscopic procedure and anesthesia in an out-of-hospital facility.

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|---|---|---|--|
| ☐ GASTROSCOPY AND
PRE-OP IM CONSULT | ☐ COLONOSCOPY AND
PRE-OP IM CONSULT | ☐ SIGMOIDOSCOPY | ☐ ANORECTAL & OTHERS |
| ☐ Anemia | ☐ History of Polyps | ☐ Constipation | ☐ Hemorrhoids |
| ☐ Dysphagia | ☐ Bloating/Gas Flatulence | ☐ Diarrhea | ☐ Other |
| ☐ Dyspepsia | ☐ Rectal Bleeding | ☐ Anemia/Hemoglobin | |
| ☐ Reflux Symptoms (GERD) | ☐ Family HX Colon CA | ☐ Weight Loss | |
| ☐ Nausea | ☐ Screening | | |
| ☐ Weight Loss | ☐ Positive FIT Test | | |
| ☐ Abdominal Pain | | | |

Last Colonoscopy: _____

MEDICAL HISTORY

- | | |
|--|--|
| ☐ Hx of Adverse Reaction to Sedation/Anesthesia | ☐ Patient Uses Prophylactic Antibiotics |
| ☐ Diabetes Mellitus | ☐ Prosthetic Heart Valve |
| ☐ Last Serum Creatinine | ☐ Abnormal Renal Function |
| ☐ Allergies | |

Doctor Remarks: _____

MEDICATIONS

☐ Blood Thinners ☐ Aspirin ☐ Plavix ☐ Warfarin/Coumadin ☐ Insulin Other: _____

List All Medications: _____

EXCLUSION CRITERIA

Patients meeting exclusion criteria should be referred to a hospital-based physician.

- | | | |
|--|--|---|
| Cardiovascular: ☐ Recent MI <6 Months Or Unstable Angina | ☐ CHF | ☐ Severe Valvular Heart Disease |
| Pulmonary: ☐ Severe COPD/Emphysema (On Home O2) | ☐ Severe Sleep Apnea (CPAP) | |
| GI/Liver: ☐ Brisk GI Bleeding/Melena | ☐ Decompensated Liver Disease | ☐ Obstructive Jaundice/Cholangitis |
| Other: ☐ Current Pregnancy | ☐ Non-Ambulatory Patient | ☐ Morbid Obesity (BMI) |
| Renal: ☐ Dialysis Patient | | |

CONSULTANTS

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