CANMED SCARBOROUGH REFERRAL FORM

520 Ellesmere Rd Unit 404, Scarborough, ON M1R 0B1

Phone: 226-444-7709 Fax: 877-796-4626

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.

☐ 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
☐ Diabetes Mellitus
☐ Last Serum Creatinine
☐ Allergies
☐ Patient Uses Prophylactic Antibiotics
☐ Prosthetic Heart Valve
☐ Abnormal Renal Function

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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