

YORK DIAGNOSTIC CENTRE REFERRAL FORM

3585 Keele Street, Unit 4, Toronto, ON, M3J 3H5

Phone: 416-398-2288 Fax: 416-398-2588

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

☐ Anemia
☐ Dysphagia
☐ Dyspepsia
☐ Reflux Symptoms (GERD)
☐ Nausea
☐ Weight Loss
☐ Abdominal Pain

COLONOSCOPY AND PRE-OP IM CONSULT

☐ History of Polyps
☐ Bloating/Gas Flatulence
☐ Rectal Bleeding
☐ Family HX Colon CA
☐ Screening
☐ Positive FIT Test

SIGMOIDOSCOPY

☐ Constipation
☐ Diarrhea
☐ Anemia/Hemoglobin
☐ Weight Loss

ANORECTAL & OTHERS

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

Dr. Piero Tartaro
Dr. Ahmed Almamar (FRCSC)

Dr. Saquib Siddique (FRCSC)
Dr. Manoj Talwar (FRCSC)

Dr. Khaled Elgadi (FRCSC)