PES PROVIS ENDOSCOPY SERVICES

Date: _____

Ottawa ☐
2 Gurdwara Road, Suite 100 Nepean, ON K2E 1A2
P: (613) 216- 1823

Ottawa East ☐
1280 Old Innes Road, Suite 802, Ottawa, ON K1B 5M7
P: (613) 216- 1823

Oakville ☐
710 Dorval Drive, Suite 202, Oakville, ON L6K 3V7
P: (905) 607-0022

Patient's Name (Last Name / First Name)			**Referring Physician**	
Patient's Address or Label			**Physician's Address or Stamp**	
Health Card No. Version:		Sex Male ◯ Female ◯	Physician Referring Number	
Date of Birth mm/dd/yyyy	Daytime Phone	Evening Phone	Physician's Phone No.	Physician's Fax No.

Reason for Consult

GI Endoscopy evaluation and pre-operative Internal Medicine consultation
***Pre-operative Out of Hospital (OHP) requirements for endoscopy**
As we are an out of hospital premise it is important to engage in a full pre-endoscopy consultation to determine all risk factors and suitability for undertaking the endoscopic procedure and anesthesia in an out of hospital facility

☐ Colonoscopy and Pre-op IM Consult

- ☐ Screening
- ☐ Rectal bleeding / FOBT/ FIT positive
- ☐ Family History
- ☐ Abdominal Pain
- ☐ Other:

☐ Gastroscopy and Pre-op IM Consult

- ☐ Abdominal pain; dyspepsia
- ☐ Anemia
- ☐ Other

Anorectal Problems

- ☐ Abscess/hematoma
- ☐ Fissure
- ☐ Fistula
- ☐ Rectal Bleeding
- ☐ Hemorrhoids
- ☐ Other:

Minor Surgeries

- ☐ Skin tag removal
- ☐ Perianal skin tag removal
- ☐ Sebaceous cyst excision
- ☐ Lipoma
- ☐ Assessment of skin lesions
- ☐ Vasectomy
- ☐ Biopsy of skin lesions (malignant/ pre-malignant)

Medical History

- ☐ Hx of adverse reaction to sedation /anesthesia
- ☐ Diabetes Mellitus: Type I ◯ Type II ◯
- ☐ On anticoagulants
- ☐ ASA or Plavix
- ☐ MI / Unstable angina last 6 months
- ☐ Emphysema/Severe COPD
- ☐ Ambulatory
- ☐ Prosthetic heart valve
- ☐ Abnormal renal function
- ☐ Other_____

WEIGHT: kgs
HEIGHT: cm

REFERRALS WILL NOT BE ACCEPTED WITHOUT **RECENT CARDIAC IMAGING** FOR PATIENTS WITH CARDIAC DISORDERS.

List all Medications:	Referring Physician Signature:

OTTAWA Fax No. (613) 216-1824
OTTAWA EAST Fax No. (613) 747-0000
OAKVILLE Fax No. (905) 607-0013

Online Referral Form

Do you need additional referral forms?
Yes ☐ No ☐

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