

Oakville
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Oakville, ON L6K 3V7
F: 905-607-0013

Ottawa Central
2 Gurdwara Road, Suite
100 Nepean, ON K2E 1A2
F: 613-216-1824

Ottawa East
803-1280 Old Innes Road,
Ottawa, ON K2E 1A2
F: 613-747-0000

Patient's Name (Last Name / First Name)			Referring Physician	
Patient's Address or Label			Physician's Address or Stamp	
Health Card No.		Sex: Male Female Other	Physician Referring Number	
Version:				
Date of Birth mm/dd/yyyy	Daytime Phone	Evening Phone	Physician's Phone No.	Physician's Fax No.
Reason for Consult				
<p>GI Consultation</p> <p>*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</p>				
<input type="checkbox"/> Colonoscopy and Pre-op IM Consult			<input type="checkbox"/> Gastroscopy and Pre-op IM Consult	
Screening Rectal bleeding / FOBT/ FIT positive Family History Abdominal Pain Other:			Abdominal pain; dyspepsia Anemia Other	
Anorectal Problems			Minor Surgeries	
Abscess/hematoma Fissure Fistula Other:		Rectal Bleeding Hemorrhoids	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: HEIGHT:	
REFERRALS WILL NOT BE ACCEPTED WITHOUT RECENT CARDIAC IMAGING FOR PATIENTS WITH CARDIAC DISORDERS.				
List all Medications:			Referring Physician Signature:	

We will make 3 attempts to contact the patient. Your patient can call for an appointment 3 business days after referral is sent.

Additional Referral forms Yes