



Thunder Bay Regional  
Health Sciences  
Centre

# ENDOSCOPY & COLONOSCOPY REFERRAL

Place Patient Label with  
Barcode Here

**Guidelines:**

1. Physician or Nurse Practitioner to complete referral.
2. **Fax to Endoscopy and Colonoscopy Central Intake at 855-610-2254.**
3. A detailed letter can be sent in lieu of this form provided the letter clearly contains all the necessary information requested on the form
4. Incomplete or illegible referrals will be declined back to the referring provider.
5. Questions - contact the Endoscopy and Colonoscopy Central Intake and Assessment Program at **807-684-7103**

**PATIENT INFORMATION**

**DATE:**

Last Name, First Name: \_\_\_\_\_ Date of Birth (day/month/year) \_\_\_\_\_ Age \_\_\_\_\_  
 Sex  Female  Male  Unspecified Health Card Number: \_\_\_\_\_ Version Code: \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone: Home \_\_\_\_\_  
 \_\_\_\_\_ Postal Code: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Does the patient have a Family Physician or Nurse Practitioner?  Yes  No WSIB Claim Number \_\_\_\_\_  
 Primary Contact (Last Name, First Name): \_\_\_\_\_  
 Relationship to Patient: \_\_\_\_\_ Phone Number: \_\_\_\_\_

- Patient incapable of giving his/her own Informed Consent: legally appointed representative \_\_\_\_\_  
 Patient to be accompanied by an interpreter at the time of appointment if they do not read/speak English.

**ENDOSCOPY (EGD):**  Next available appointment  Urgent

- Indications for direct to EGD Indications for consultation and potential EGD  
 Esophageal dysphagia  GERD despite PPI  
 Barrett's surveillance

Please provide details of symptoms or any other relevant information that will assist with triage:

**COLONOSCOPY:**  Next available appointment  Urgent

- Indications for direct to colonoscopy  
Symptomatic:  
 Persistent or new rectal bleeding  
 Narrowing of stool diameter  
 Iron deficiency anemia: please attach recent CBC, ferritin, and any other iron studies

Screening (DAP):

- Abnormal FIT (patient 50-74yrs): Test Date: \_\_\_\_\_ (Please attach results)  
 First degree family history of colorectal cancer (patient < 74yrs): Relative and age relative diagnosed: \_\_\_\_\_  <60yrs  >60yrs  
 Surveillance: Date of last two colonoscopies: \_\_\_\_\_

- Indications for consultation and potential colonoscopy  
 Abdominal pain  
 Changes to bowel movements  
 Weight loss

Please provide details of symptoms or any other relevant information that will assist with triage:





Thunder Bay Regional  
Health Sciences  
Centre

# ENDOSCOPY & COLONOSCOPY REFERRAL

Place Patient Label with  
Barcode Here

Preferred Endoscopist:  NO  YES If yes, please specify: \_\_\_\_\_ Preferred Site: TBRHSC  Marathon

**\*FIT positive referrals will be assigned next available endoscopist to meet timeline guidelines**

**Please answer yes or no:** Anticoagulant / Antiplatelet / ASA/ NSAID  YES specify: \_\_\_\_\_  NO  
Recent cardiac stent insertion in the last 12 months  YES: Cardiologist: \_\_\_\_\_  NO

**Please include relevant diagnostic reports, relevant medical history and CURRENT medication list with ALL referrals**

## PHYSICIAN INFORMATION/ NURSE PRACTITIONER INFORMATION

I confirm this patient has given consent to being booked direct to EGD and/ or Colonoscopy

**Name:**

**Phone:**

**Signature:**

**Fax:**

