

Waterloo Wellington Coordinated Colonoscopy Access Program Referral Form

The Waterloo Wellington Coordinated Colonoscopy Access Program is intended for **asymptomatic average risk** patients between the ages of 50-74 that have an **abnormal FIT result**.

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| Referral Date: |
| <hr/> YYYY MM DD |

Patients should be referred directly to a specialist if they have one or more of the following:

- Personal history of colorectal cancer, Crohn's disease (involving the colon), or ulcerative colitis
- Symptoms such as rectal bleeding, persistent change in bowel habits, unexplained weight loss, and iron deficiency anemia
- Colorectal polyps requiring surveillance
- One or more first degree relatives with colorectal cancer

| Patient Information (please print) | | Referring Physician Information (please print) |
|--|--|--|
| Health card number: VC: | Preferred language: <input type="checkbox"/> English <input type="checkbox"/> other: Restricted mobility: <input type="checkbox"/> yes <input type="checkbox"/> no | Name: |
| Last name: | First name: | Phone: |
| DOB: _____ YYYY MM DD | Sex: | Fax: |
| Street Address: | City/town: | Address: |
| Province: | Postal code: | Email: |
| Phone (home): Phone (cell): | Patient consents to leave message: <input type="checkbox"/> yes <input type="checkbox"/> no Patient consents to leave message: <input type="checkbox"/> yes <input type="checkbox"/> no | Billing number: |
| Email: | Patient consents to receive information by email: <input type="checkbox"/> yes <input type="checkbox"/> no | Signature: |

Medical History

Please select all that apply and attach relevant reports.

| | | |
|---|---|--|
| <input type="checkbox"/> Anticoagulation therapy (does not include ASA 81mg) | Name: | Indication: |
| <input type="checkbox"/> Renal disease | Most recent Serum creatinine: | <input type="checkbox"/> Liver disease |
| <input type="checkbox"/> Prior stroke or MI | Date: _____ YYYY MM DD | <input type="checkbox"/> Seizure |
| <input type="checkbox"/> Congestive heart failure <input type="checkbox"/> Chest pain or angina <input type="checkbox"/> Irregular heart beat <input type="checkbox"/> Internal defibrillator or pacemaker | <input type="checkbox"/> Sleep apnea/CPAP <input type="checkbox"/> Asthma <input type="checkbox"/> Severe COPD, emphysema or other severe pulmonary disease | <input type="checkbox"/> History of adverse reaction to sedation/anesthesia <input type="checkbox"/> Previous pelvic or abdominal surgery |
| <input type="checkbox"/> Diabetes: <input type="checkbox"/> Oral hypoglycemic <input type="checkbox"/> Insulin | | |
| <input type="checkbox"/> Other relevant comorbidities: | | |
| <input type="checkbox"/> Allergies: | | <input type="checkbox"/> NKA |

Medications (please attach medication history):

| | | | | | | |
|---|-------------------------------------|----------------------------|----------------------------|--|--|--|
| <table border="1"> <tr> <td style="text-align: center;">Date of Abnormal FIT Result:</td> </tr> <tr> <td style="text-align: center;"> <hr/> YYYY MM DD </td> </tr> <tr> <td style="text-align: center;">(please attach FIT result)</td> </tr> </table> | Date of Abnormal FIT Result: | <hr/> YYYY MM DD | (please attach FIT result) | <input type="checkbox"/> Book first available colonoscopy date or <input type="checkbox"/> Book colonoscopy with Dr. _____ Please note, if no selection is made, the first available colonoscopy date will be booked. | <input type="checkbox"/> Previous colonoscopy Location: Date: _____ YYYY MM DD (please attach result) | <input type="checkbox"/> Incapable of giving consent for the colonoscopy |
| Date of Abnormal FIT Result: | | | | | | |
| <hr/> YYYY MM DD | | | | | | |
| (please attach FIT result) | | | | | | |

Please send completed referral form by Ocean eReferral or fax

| | | |
|---|----|--------------------------|
| Ocean eReferral | or | Fax: 519-749-4232 |
| Contact Tricia.Wilkerson@ehealthCE.ca to sign up | | |

For more information, please call: 519-749-4300 ext. 2974. Please note: A complete referral form, medical history, list of medications and FIT result is required to facilitate timely access to colonoscopy.