

Patient Information	Referral Guidelines for Undefined GI Symptoms and Disease		
Name: Health Card#: <input type="checkbox"/> Male <input type="checkbox"/> Female DOB Primary Phone: Second Phone: Mailing Address:			
<b>Reason for Referral</b> Please check appropriate boxes in Guidelines for Referral Section. Briefly detail and including other reasons:			
Triage: <input type="checkbox"/> Urgent <input type="checkbox"/> Semi-Urgent <input type="checkbox"/> Non-Urgent			
<b>Significant Patient Health Issues*</b>			
*Please attach: Summary of prior treatments/consults, current & past meds, and details of significant comorbidities			
<b>Physician Referral Information</b>			
Name: Phone: Fax:			
			<b>Disease</b>
			<b>Direction</b>
			<b>Requested Investigations and Treatments</b>
<b>NON-SPECIFIC DYSPHAGIA</b>			
<input type="checkbox"/> Dysphagia NYD	Fax clinic for gastroscopy	<input type="checkbox"/> CBC, Extended Electrolytes <input type="checkbox"/> Consider Esophageal Motility studies	
<b>NON-SPECIFIC ABDOMINAL PAIN</b>			
<input type="checkbox"/> Abdominal Pain and diarrhea	Fax clinic for colonoscopy	<input type="checkbox"/> CBC, Extended Electrolytes, Liver Enzymes, Amylase/Lipase, TSH <input type="checkbox"/> Stool for C.Diff, Ova & Parasite, Culture/Sensitivity <input type="checkbox"/> Consider CT Abdo/Pelvis	
<input type="checkbox"/> Abdominal Pain and constipation	Fax clinic for colonoscopy	<input type="checkbox"/> CBC, Extended Electrolytes, Liver Enzymes, Amylase/Lipase, TSH <input type="checkbox"/> Consider various laxatives and stool softeners including PEG	
<input type="checkbox"/> Abdominal Pain and nausea or vomiting	Fax clinic for consult and/or endoscopy	<input type="checkbox"/> CBC, Extended Electrolytes, Liver Enzymes, Amylase/Lipase <input type="checkbox"/> U/S or HIDA, Consider CT Abdo/Pelvis	
<input type="checkbox"/> Abdominal Pain and weight loss	Fax Clinic for consult and endoscopy	<input type="checkbox"/> CBC, Electrolytes, Liver Enzymes, Amylase/Lipase <input type="checkbox"/> CT Abdo/Pelvis	
<input type="checkbox"/> Abdominal Pain and unwell	Fax Clinic +/- phone triage for endoscopy and consult	<input type="checkbox"/> CBC, Electrolytes, Liver Enzymes, Amylase/Lipase <input type="checkbox"/> CT Abdo/Pelvis	
<input type="checkbox"/> Abdominal Pain NYD	<b>DO NOT REFER WITHOUT POSITIVE FINDINGS ON WORKUP</b>	<input type="checkbox"/> CBC, Electrolytes, Liver Enzymes, Amylase/Lipase <input type="checkbox"/> Consider U/S, HIDA, CT Abdo/Pelvis <input type="checkbox"/> Consider Colonoscopy and Gastroscopy <input type="checkbox"/> Consider Referral to Gastroenterology, Psychiatry, Pediatrics as appropriate <input type="checkbox"/> Consider alternate diagnoses	
<b>NON-SPECIFIC PELVIC PAIN</b>			
<input type="checkbox"/> Pelvic Pain and weight loss	Fax clinic for colonoscopy	<input type="checkbox"/> CBC, Extended Electrolytes, Liver Enzymes, Amylase/Lipase, TSH <input type="checkbox"/> Consider CT Abdo/Pelvis <input type="checkbox"/> Consider Gynecology Consult	
<input type="checkbox"/> Pelvic Pain and constipation	Fax clinic for colonoscopy	<input type="checkbox"/> CBC, Extended Electrolytes, Liver Enzymes, Amylase/Lipase, TSH <input type="checkbox"/> Consider various laxatives and stool softeners including PEG	
<input type="checkbox"/> Pelvic Pain NYD (female)	<b>DO NOT REFER WITHOUT POSITIVE FINDINGS ON WORKUP</b>	<input type="checkbox"/> CBC, Electrolytes, Liver Enzymes, Amylase/Lipase <input type="checkbox"/> STD Workup, UA & C/S, B-Hcg, Pelvic +/- Abdominal U/S <input type="checkbox"/> Consider CT Scan <input type="checkbox"/> Consider Referral to Gynecology <input type="checkbox"/> Consider Flexible Sigmoidoscopy	
<input type="checkbox"/> Pelvic Pain NYD (male)	<b>DO NOT REFER WITHOUT POSITIVE FINDINGS ON WORKUP</b>	<input type="checkbox"/> CBC, Electrolytes, Liver Enzymes, Amylase/Lipase <input type="checkbox"/> STD Workup, UA & C/S w/ Semen Analysis and PSA (Prostatitis) <input type="checkbox"/> Consider CT Scan <input type="checkbox"/> Consider Flexible Sigmoidoscopy	