



WRHA Referral Form for Endoscopy

(Gastroscopy, Colonoscopy, Flexible Sigmoidoscopy)

FAX TO: 204-940-2030

Date of Referral:

D	D	M	M	M	Y	Y	Y	Y	Y

Patient Information

Mailing Address: _____

Non Manitoba Patient Health Card: _____

Phone where message can be left:

-	-	-	-	-	-	-	-	-	-

Alternate Phone: Cell:

-	-	-	-	-	-	-	-	-	-

Work:

-	-	-	-	-	-	-	-	-	-

Emergency Contact: _____ Phone:

-	-	-	-	-	-	-	-	-	-

Language: English Other: _____

Requires a translator (indicate language) _____

Referring Clinician

Clinic: _____

Address: _____

Phone:

-	-	-	-	-	-	-	-	-	-

Fax:

-	-	-	-	-	-	-	-	-	-

Family Physician (if different from referring physician)

Phone:

-	-	-	-	-	-	-	-	-	-

Fax:

-	-	-	-	-	-	-	-	-	-

Current Medications (see attached if applicable)

Antiplatelet: _____

Anticoagulant: _____

No Medications

Other Medications: _____

See attached Medication List

Previous Endoscopic Procedure(s) (Attach reports of previous endoscopies)

Colonoscopy Date:

D	D	M	M	M	Y	Y	Y	Y	Y

 Performed by: _____ Site: _____

Gastroscopy Date:

D	D	M	M	M	Y	Y	Y	Y	Y

 Performed by: _____ Site: _____

Medical History - 1 year old maximum

No significant medical history See attached medical history

Indicate date of diagnosis where known. Include all pertinent lab and diagnostic information

Pacemaker Defibrillator Cirrhosis Type I or Type II Diabetes

Mechanical Valve Renal Insufficiency Sleep Apnea Cancer _____

BMI _____ Dementia MMSE: _____ Other _____

Past GI Surgery: _____

Allergies: _____ Mobility Concerns _____

ASA Classification: 1 2 3 4 5

Infection Control: MRSA VRE ESBL C. difficile Other: _____

Patient Preference

Refer to the next available specialist

Provider or patient prefers a specific specialist: _____

Healthcare Provider Review

Patient is suitable for direct to endoscopy if the following criteria are met (See page 3 for more info)

- Patient able to sign informed consent (or proxy available to attend endoscopy)
- Referring doctor strongly believes patient requires endoscopy for stated indication and patient agreeable
- The procedure indications and potential alternatives have been discussed with the patient
- Patient is between the ages of 25 and 80 years of age

Patient is ASA class 1 or 2 and safe to have endoscopy at an ambulatory outpatient facility (Seven Oaks)

PRINTED NAME OF REFERRER _____

SIGNATURE OF REFERRING PROVIDER _____

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Fax Completed form to Endoscopy Central Intake at 204-940-2030

Reason for Referral

Indicate all that apply including duration of symptoms and please provide required labs +/- information as outlined beside each indication. You may also attach any additional information you deem important to referral (e.g. History and Physical, medical list, etc.)

URGENT (2 WEEKS)

- Palpable rectal or abdominal mass suspicious for cancer (**specify**): _____
- Lower abdominal imaging suspicious for cancer (include copy of imaging)
- Upper abdominal imaging suspicious for cancer (include copy of imaging)

SEMI-URGENT (4 WEEKS)

- Concerning/High risk rectal bleeding
NOTE: ONLY if symptoms have not been investigated recently AND one or more of: weight loss, new change in bowel habits, new anemia, or family history of colorectal cancer (Include: CBC)
- Unexplained iron deficiency anemia (Include: CBC and ferritin, iron/TIBC and creatinine)
- Bloody diarrhea/features suggestive of Inflammatory bowel disease (IBD) (Include: CBC, ferritin, albumin)
- Severe/Progressive odynophagia/dysphagia (Include: CBC)
- FOBT positive – (Include FOBT result) (NOTE: FOBT only in ages 40 - 75 years of age and not a single office-based FOBT from DRE)
- Suspected stable upper GI bleed (Include CBC) Details: _____

ELECTIVE ENDOSCOPY (Attach Clinical Notes)

- Above Average Risk screening for colorectal cancer (as per colorectal screening guidelines page 3)
 - Level 1 (5 year interval) Level 2 (10 year interval)
- Surveillance for prior colorectal cancer or follow up of polyps (Include previous endoscopy/surgery and pathology report)
- Confirmation of celiac disease (Include: anti TTG +/- EMA antibody)
- Chronic or non-progressive dysphagia
- Surveillance for KNOWN Barrett's esophagus (Include: prior endoscopy and pathology report)
- Screen/manage known varices
- Unexplained mild rectal bleeding (NOT urgent or semi urgent) Flexible sigmoidoscopy or Colonoscopy
- OTHER (include details): _____

NOTE: Other referral indications including but not limited to: average risk CRC screening, change in bowel habits, diarrhea, non-iron deficiency anemia, dyspepsia, weight loss, GERD, Barrett's screening and abdominal pain should be sent as clinic consultations to the consultant of your choice. Referrals for these indications sent to Central Intake will be rejected or forwarded on for clinic consultation.

Additional Information:

Scope Required (Endoscopists only)

- Gastroscopy Colonoscopy Colonoscopy/Gastroscopy Flexible Sigmoidoscopy ERCP EUS Other:
- Urgent (less than 2 weeks) Semi urgent (4 weeks) Elective (next available) Time sensitive, specify: _____



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INSTRUCTIONS FOR COMPLETION

Fax completed form to WRHA Central Intake at 204-940-2030

NOTE: All pertinent information must be completed to facilitate proper assessment of the consult. An incomplete consult will be returned to the originating office and, as a result, will be considered as not received.

This form is for non-emergent consults only. Patients deemed to require immediate attention by their family and/or Referring physician should be directed to the emergency room of an appropriate healthcare facility.

For more information about the referral process, bowel preparation information and pre procedure information including risk associated with individual endoscopy please go to <http://www.wrha.mb.ca/prog/endoscopy/Central-Intake.php> or [mycolonoscopy.ca](http://www.wrha.mb.ca/prog/endoscopy/mycolonoscopy.ca)

Suitable for Direct to Scope:

1. Definite indication for endoscopy and age between 25 - 80 years old.
2. Presumed able to follow pre-procedure instructions and bowel preparation when applicable
3. Patient cognitively intact and agreeable to procedure OR Power of Attorney available and accessible
4. Absence of major life threatening medical illness (ASA Class 1, 2 and 3 only)
5. Not on anticoagulation (excluding ASA or Clopidogrel) requiring "bridging" protocol

The procedure, alternatives, reasons for the procedure must be disclosed to the patient prior to referral to CI.

ASA Classification

- Class 1:** Healthy patient, no medical problems
Class 2: Mild systemic disease
Class 3: Severe systemic disease, but not incapacitating
Class 4: Severe systemic disease that is a constant threat to life
Class 5: Moribund, not expected to live 24 hours irrespective of operation

Screen for Colorectal Cancer – Determine Above Average Risk:

- Level 1:** One first degree relative less than age 60 with colorectal cancer (interval 5 years)
Level 2: One first degree relative greater than age 60 with colorectal cancer
 Any two first or second degree relatives greater than age 60 with colorectal cancer or adenomatous colon polyps (interval 5 - 10 years)

ColonCheck Manitoba Colorectal Cancer (CRC) Screening Guidelines

Average risk persons 50 - 75 years of age

- Routine screening with fecal occult blood test (FOBT) or fecal immunohistochemistry test (FIT) every two years is recommended for asymptomatic individuals without personal or family history of the disease
- Colonoscopy **is not** recommended as an average risk screening test for CRC

Increased risk persons

- Screening colonoscopy is recommended for individuals with a family history of CRC. This should begin at age 40 or 10 years earlier than youngest relative's diagnosis. FOBT **is not** recommended as an increased risk screening test for CRC
- Screening Intervals: Level 1: 5 years Level 2: 10 years

NOTE: The individualized decision to screen persons less than or equal to 49 or greater than 75 years of age with FOBT should be based on patient concerns, family history and associated co-morbidities. Visit www.getcheckedmanitoba.ca or call 1-855-95-CHECK for more information on CRC screening guidelines, or to request an FOBT kit for your patients

LEGEND

ASA - American Society of Anesthesia	CRC - Colorectal Cancer	EUS - Endoscopic Ultrasound	MRSA - Methicillin-resistant Staphylococcus Aureus
BMI - Body Mass Index	DRE - Digital Rectal Examination	FIT - Fecal Immunohistochemistry Test	NSAIDS - Nonsteroidal Anti-inflammatory Drugs
CBC - Complete Blood Count	ERCP - Endoscopic Retrograde Cholangiopancreatography	FOBT - Fecal Occult Blood Test	TTG - Tissue Transglutaminase
C. difficile - Clostridium Difficile	ESBL - Extended Spectrum Beta Lactamase	IBD - Inflammatory Bowel Disease	VRE - Vancomycin-resistant Enterococcus
CI - Central Intake			