Southern Health Santé Sud

# Endoscopy Intake Referral Form – Adult

Fax to Central Intake
**Fax # 1-844-312-4242**

Referral Date

Client: _____

_____

DOB: (DD-MMM-YYYY) _____

HRN/MFRN: _____

PHIN #: _____

Addressograph Place Label Here

## Patient

| | | |
|---|---|---|
| **Mailing Address** | | **Message** |
| | | **Phone** |

## Referring Clinician

| | | |
|---|---|---|
| **Name/Clinic** | | **Phone** |
| **Address** | | **Fax** |

## Primary Care Provider

| | | |
|---|---|---|
| **Status** | ○ PCP Name and Contact Documented Below ○ PCP is the Referring Clinician ○ No PCP | **Phone** |
| **Name/Clinic** | | **Fax** |

## Appointment Considerations

| | | | |
|---|---|---|---|
| **Patient Preference** | ○ First Available *(default)* ○ Closest Available ○ Specific Provider/Site: | | |
| **Vital Stats** | Height: centimetres Weight: kilograms BMI: Other: *(specify)* | | |
| **Patient Needs** | Translator: ☐ Yes ☐ No Language: | | |
| | Emergency Contact: Name: | | Phone |
| | Mobility Issue: ☐ Yes ☐ No | Type of Mobility Issue/Requirement: | |
| | Other (e.g. Healthcare Proxy, Escort): *(specify)* | | |
| **Infection Control Protocols** | ☐ MRSA ☐ C. difficile ☐ VRE ☐ ESBL ☐ Other: *(specify)* | | |

## Medical History *(check all that apply)*

| | | | |
|---|---|---|---|
| **Past Procedures** | ○ No Endoscopy Procedure History ○ Endoscopy Procedure History Attached | | |
| **Last YYYY** | Colonoscopy | Gastroscopy | Flexible Sigmoidoscopy |

| | | | | |
|---|---|---|---|---|
| **Current Medications** | ○ No Current Medications ○ Current Medication List Attached | | | |
| **Medication Alerts** | ☐ Warfarin ☐ NOAC/DOAC: *(specify)* | | ☐ Sedatives Use | ☐ Other: *(specify)* |
| | ☐ NSAIDs ☐ Antiplatelets: *(specify)* | | ☐ Insulin | ☐ Other: *(specify)* |

| | | | | |
|---|---|---|---|---|
| **Allergies** | ○ No Allergies ○ Has Allergies *(describe allergies and reactions; use Additional Information below if required)* | | | |
| **Allergy Alerts** | ☐ Allergy: _____ Reaction: _____ | ☐ Allergy: _____ Reaction: _____ | ☐ Allergy: _____ Reaction: _____ | ☐ Allergy: _____ Reaction: _____ |

| | | | | |
|---|---|---|---|---|
| **ASA Class Level** *(see page 3 guide)* | ○ ASA I Healthy patient, No medical problems | ○ ASA II Mild systemic disease No functional limitations | ○ ASA III *(Med. History required)* Severe systemic disease, Has functional limitations | ○ ASA IV *(Anesthesia consult)* Threatening systemic disease, Constant threat to life |

| | | | | | |
|---|---|---|---|---|---|
| **Medical History** | ○ No Significant Medical History ○ Medical History Attached | | | | |
| **Cardio Alerts** | ☐ Pacemaker ☐ Defibrillator | ☐ Mechanical Valve | ☐ Atrial Fibrillation | ☐ MI: *(date)* | ☐ Other: |
| **Airway Alerts** | ☐ COPD/Asthma | ☐ Sleep Apnea | ☐ Altered Anatomy | ☐ Other: *(specify)* | |
| **Mental Health Alerts** | ☐ Comprehension Issues | ☐ Anxiety | ☐ Dementia | ☐ Other: *(specify)* | |
| **Other Alerts** | Diabetes ☐ Yes ☐ No | ☐ Cirrhosis | ☐ Renal Insufficiency | ☐ Other: *(specify)* | |
| **Other Significant** | ☐ GI Surgeries: *(specify)* | | ☐ Cancer: *(specify)* | | |

| | |
|---|---|
| **Medical History Additional Information** | |

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**Referral Reason:** *Choose the Chief Complaint from the indicators listed below and describe any other conditions in the additional information section below.*

**Booking Indicators** [* Must include all attachments, incomplete referrals will be returned]

| ○ **Urgent** | |
|---|---|
| ☐ Lower abdominal imaging suspicious for cancer<br>Include(*) Imaging | ☐ Palpable rectal or abdominal mass suspicious for cancer<br>Include(*) Description |
| ☐ Upper abdominal imaging suspicious for cancer<br>Include(*) Imaging | |

| ○ **Semiurgent** | |
|---|---|
| ☐ Bloody Diarrhea/Features Suggestive of IBD<br>Include(*) Albumin CBC Ferritin | ☐ Unexplained Iron Deficiency Anemia<br>Include(*) CBC, Creatinine, Ferritin, Iron, TIBC |
| ☐ High Risk Rectal Bleeding with one or more of the following;<br>• Changes in bowel habits • Weight loss<br>• New anemia • Family history of CRC<br>Include(*) CBC | ☐ Suspect Stable Upper GI Bleed<br>Include(*) CBC, Description |
| ☐ Positive FIT/FOBT<br>Include(*) FIT/FOBT Result | ☐ Severe or Progressive Odynophagia/Dysphagia<br>Include(*) CBC |

**Waitlist Indicators** [* Must include all attachments, incomplete referrals will be returned]

| ○ **Elective** | | |
|---|---|---|
| **General Elective Types** | ☐ Confirmation Celiac Disease<br>Include(*) CBC, anti TTG and EM antibody | ☐ Surveillance of Known Barrett`s<br>Include(*) prior Endoscopy and Pathology reports |
| | ☐ Chronic or Non-progressive Dysphagia | ☐ Unexplained Mild Rectal Bleeding |
| | ☐ Screen/Manage for Known Varices<br>Include(*) prior Endoscopy and Pathology reports | ☐ Other *(specify)* _____<br>Include(*) Description |
| | ☐ Follow-Up/Management of Established IBD | |
| **CRC Screening** | ☐ Screening Family History Risk – **Increased** (5 – 10 year interval)<br>Include (*) Family History of CRC Note: ensure FIT option is discussed | ☐ Screening Family History Risk – **High** (5 year interval, see page 3 guide)<br>Include (*) Family History of CRC |
| **CRC Surveillance** | ☐ Surveillance of Prior Colorectal Cancer (see intervals on page 3 guide)<br>Include(*) Diagnosis date, Previous scope dates | ☐ Surveillance of Traditional or Sessile Serrated Adenomas (3 – 5 year interval) |
| | ☐ Surveillance of Prior High Risk Adenomas (3 year interval)<br>Include(*) Previous scope dates, Pathology reports and Histology information | ☐ Surveillance of Prior Low Risk Adenomas (LRA) (7 – 10 year interval)<br>Note: ensure FIT option is discussed<br>Include(*) Previous scope dates, Pathology reports & Histology information |
| | | ☐ Other Surveillance (e.g. Polyposis, incomplete procedure)<br>*(specify)* _____ |

| | |
|---|---|
| **Additional Information** | |

| | |
|---|---|
| **Note** | Other referral indicators sent to Central Intake will be rejected. These include (but are not limited to) Average CRC Risk Screening, Abdominal Pain, Chronic Constipation, Chronic Diarrhea, Dyspepsia, GERD, Unexplained Anemia (not Iron Deficiency Anemia), etc. Referrals for these indicators should be sent as clinical consultations to the GI or Surgeon of your choice to determine need for endoscopy. |

**Referring Practitioner Confirmation**

- Referring Practitioner has discussed the procedure indications and potential alternatives with the Patient
- FIT option has been discussed for appropriate Screen and Surveillance Indicators
- Referring Practitioner strongly believes the patient requires endoscopy for the stated indication and the Patient agrees

Printed Name and Designation: Signature: Date:

**Intake Office or Endoscopist Only**

**Referral Dates**

| Last Received | Last Assigned | Accepted/Rejected | Reviewed | Booked/Waitlisted |
|---|---|---|---|---|
| D D M M M Y Y Y Y | D D M M M Y Y Y Y | D D M M M Y Y Y Y | D D M M M Y Y Y Y | D D M M M Y Y Y Y |

**Referral Review**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Procedure Required** | ○ Colonoscopy<br>○ Flexible Sigmoidoscopy | ○ Gastroscopy<br>○ Colonoscopy/Gastroscopy | ○ ERCP<br>○ EUS | ○ Other _____<br>○ No Scope Required _____ | | | | |
| **Revised Indication** | *(if required)* | | Priority | ○ Urgent | ○ Semiurgent | ○ Elective | | |
| **Alternative Provider** | ○ Eligible | ○ Ineligible | ○ Undetermined | ASA Level | ○ I | ○ II | ○ III | ○ IV | ○ V |
| **Review Comments** | | | | | | | | |

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| **Important Note** | This form is for non-emergent outpatient endoscopy procedures only.<br>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. |
|---|---|

## Completion Instructions

- All pertinent information must be completed to facilitate proper assessment of the referral.
- Please be sure to a) Complete each section on page 1 and 2 of the form; b) Include the Medical History, Medications List, Past Procedures and Lab and Imaging information when required, and; c) Provide descriptions and additional information where appropriate.
- An incomplete referral will be returned to the originating office and, as a result, will be considered as NOT received.

## ASA Physical Status Classification Levels: Key Concepts and Examples

| Level | Systemic Disease Intensity | Substantive Functional Limitations | Constant Threat To Life | Examples |
|---|---|---|---|---|
| **ASA I** | [None] | [None] | [None] | • Non-smoker; No or minimal alcohol use; Healthy |
| **ASA II** | Mild | No | No | • Current Smoker; Social drinker; Well controlled DM or HTN; Obesity (30 less than BMI less than 40); Pregnant |
| **ASA III** | Severe | Yes | No | • Alcohol dependence or abuse; Poorly controlled DM or HTN; Morbid obesity (BMI greater than or equal to 40)<br>• History (greater than 3 months) of MI, CVA, TIA or CAD/stents; Moderate reduction of ejection fraction (36–44%); Chronic Obstructive Pulmonary Disease (COPD) |
| **ASA IV** | Threatening | Yes | Yes | • Recent (less than or equal to 3 months) of MI, CVA, TIA or CAD/stents; Severe reduction of ejection fraction (less than 36%);<br>• Ongoing cardiac ischemia or severe valve dysfunction |

ASA Physical Status Classification Levels: Website Link *https://www.asahq.org/standards-and-guidelines/asa-physical-status-classification-system*

## ColonCheck CRC Guideline: Key Highlights

| Type | Criteria | FIT Interval | Colonoscopy Interval |
|---|---|---|---|
| **Screening**<br>Average CRC Risk | • Asymptomatic with no additional risk factors for colorectal cancer (note: includes individuals with one or more 2nd degree relatives with CRC) | Every 2 years,<br>Starting at age 50 | *[Not recommended]* |
| **Screening**<br>Family History Risk – Increased Risk | • One or more 1st degree relatives diagnosed with advanced adenoma **at any age**<br>• One 1st degree relative diagnosed with colorectal cancer **on or after age 60** | Every 2 years,<br>Starting at age 40 or 10 years earlier than the youngest relative's diagnosis (whichever comes first) | Every 5 to 10 years,<br>Starting at age 40 or 10 years earlier than the youngest relative's diagnosis (whichever comes first) |
| **Screening**<br>Family History Risk – High Risk | • Two or more 1st degree relatives diagnosed with colorectal cancer **at any age**<br>• One 1st degree relative diagnosed with colorectal cancer **before age 60** | *[Not recommended]* | Every 5 years,<br>Starting at age 40 or 10 years earlier than the youngest relative's diagnosis (whichever comes first) |
| **Surveillance**<br>Low Risk Adenomas (LRA) | • Less than three Tubular adenomas each less than 1 centimeter with no high-grade dysplasia | Every 2 years,<br>Starting 5 years post colonoscopy | Repeat in 7 to 10 years |
| **Surveillance**<br>Sessile Serrated Adenomas/Polyps | • Less than 1 centimeter with no dysplasia | *[Not recommended]* | Repeat in 5 years, |
| **Surveillance**<br>High Risk Adenomas | • Three or more Tubular adenomas<br>• Advanced adenomas (adenomas with high-grade dysplasia, villous components, or greater than or equal to 1 cm)<br>• Any Traditional Serrated Adenomas or SSP/Ps 1.0 cm or greater or with dysplasia | *[Not recommended]* | Initial: repeat in 3 years.<br>Ongoing: repeat in 5 years (once polyp clearance has been achieved) |
| **Surveillance**<br>Colorectal Cancer | • Post-curative resection for Colorectal Cancer | *[Not recommended]* | Initial: repeat in 1 year; (post-surgery or after first colonoscopy completed after surgery)<br>Next: repeat 4 years post-surgery<br>Ongoing: repeat in every 5 years |

ColonCheck CRC Guidelines: Link *https://www.cancercare.mb.ca/export/sites/default/screening/.galleries/files/resources-page-files/g-hcp-guidelines.pdf*

**Legend**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| ASA | American Society of Anesthesia | DM | Diabetes Mellitus | GI | Gastrointestinal | TIA | Transient Ischaemic Attack |
| BMI | Body Mass Index | DOAC | Direct Oral Anticoagulant | HTN | Hypertension | TIBC | Total Iron-Binding Capacity |
| CAD | Coronary Artery Disease | EM | Anti-Endomysial | IBD | Inflammatory Bowel Disease | TTG | Tissue Transglutaminase Antibodies |
| CBC | Complete Blood Count | ERCP | Endoscopic Retrograde Cholangiopancreatography | MI | Myocardial Infarction | VRE | Vancomycin-Resistant Enterococcus |
| C. difficile | Clostridium Difficile | ESBL | Extended Spectrum Beta-Lactamase | MRSA | Methicillin-Resistant Staphylococcus Aureus | | |
| COPD | Chronic Obstructive Pulmonary Disease | EUS | Endoscopic Ultrasound | NOAC | New Oral Anticoagulant | | |
| CRC | Colorectal Cancer | FIT | Fecal Immunochemical Test | NSAIDS | Nonsteroidal Anti-inflammatory Drugs | | |
| CVA | Cerebrovascular Accident | GERD | Gastroesophageal Reflux Disease | PCP | Primary Care Provider | | |

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