Referral Form

GHA | SURGICAL CENTRE

726 Upper James Street, Hamilton, Ontario L9C 2Z9
Phone: 905-575-5743 | **Referral Fax Line: 905-575-7711**

Doctor Information:

Referring Physician:_____
Physician Telephone No: _____
Physician Fax No:_____
Physician Billing No:_____

Patient Information: ☐ **CANNOT TAKE STAIRS**

Place patient label here

Name: _____
Date of Birth yyyy/mm/dd:_____
Phone Number:_____
OHIP Number:_____

**Pre-operative internal medicine consultation is generally required prior to procedure to determine all risk factors and suitability for undertaking the endoscopic procedure and anesthesia in an out of hospital facility.*

**Please note: We are only able to see patient's aged 18-84 years old for endoscopies.*

☐ **Urgent**

Reason for Referral?

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☐Colonoscopy

☐ Follow up surveillance
Date of Last Colonoscopy? _____
☐ Family history of colorectal cancer
☐ Colon screening (Age 50+)
☐ History of polyps
☐ FOBT (+)
☐ Rectal Bleeding/melena
☐ Anemia
☐ Abdominal Pain
☐ Diarrhea

☐Gastroscopy

☐ Anemia
☐ Nausea
☐ Dysphagia/Dyspepsia
☐ GERD (acid reflux)
☐ Vomiting
☐ Abdominal Pain
☐ Melena

Other: ***(If marked 'Urgent' please indicate concerns)***
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Medical History

(must be completed to be considered for direct procedure)

- ☐ **Hx of adverse reaction to sedation/anesthesia**
- ☐ **Limited exercise tolerance**
- ☐ **Diabetes Mellitus: Type I or Type II**
- ☐ **On anticoagulants, ASA**
- ☐ **Liver disease / excessive ETOH use**
- ☐ **Morbid Obesity *Weight: _____Height____***
- ☐ **Hx or fhx of malignant hypothermia**
- ☐ **Heart conditions (hypertension, CAD, MI)**
- ☐ **Neurological disease**
- ☐ **Respiratory issues (asthma, COPD, chronic cough)**
- ☐ **Sleep Apnea**
- ☐ **Allergies / Drug Allergies**
- ☐ **Renal disease**
- ☐ **Corticosteroid use**

☐ **No significant medical history**

Cosmetic Minor Procedures

- ☐ Sebaceous Cysts
- ☐ Chronic Skin Granuloma
- ☐ Dermatofibroma
- ☐ Moles
- ☐ Pilar Cysts of Scalp
- ☐ Skin Tags
- ☐ Epidermal Cysts
- ☐ Lipoma
- ☐ Perianal Skin Lesions
- ☐ Hemangioma
- ☐ Raised Skin Lesions
- ☐ Epidermal Cysts
- ☐ Paplilomatous Skin Lesions

LIST OF MEDICATIONS AND INVESTIGATIONS MUST BE ATTACHED.

**If communication in English is a concern please ask your patient to be accompanied by someone that can translate.*