GHA | SURGICAL CENTRE

REFERRAL FORM

GHA SURGICAL CENTRE
IS NOW ACCEPTING
OCEAN ELECTRONIC REFERRALS

Ocean eReferral Network

726 UPPER JAMES ST., HAMILTON, ON L9C 2Z9
PHONE: (905) 575-5743 - FAX: (905) 575-7711
http://www.ghasurgicalcentre.ca

- □ **URGENT**
- □ PAST PT OF GHA
- □ FEMALE SURGEON ONLY

REFERRING PHYSICIAN/ NP INFORMATION: *(LABEL/ STAMP HERE)*

PHYSICIAN/ NP:
OFFICE PHONE#:
OFFICE FAX#:
BILLING#:

PATIENT INFORMATION: *(PATIENT LABEL HERE)*

FULL NAME:
DATE OF BIRTH (Y/M/D):
PHONE NUMBER:
HEALTHCARD/ UHIP/ IFH#:
ADDRESS:
HT: (IN/ CM) WT: (LB/KG) BMI:

PLEASE COMPLETE SECTIONS 1-4- INCOMPLETE REFERRALS *WILL NOT* BE ACCEPTED

1. REASON FOR REFERRAL: *(AGE 18 - 85 YEARS)*

- □ COLONOSCOPY
- □ FLEXIBLE SIGMOIDOSCOPY
- □ HEMORRHOID BANDING *(INTERNAL ONLY)*
- □ GASTROSCOPY
- □ MINOR COSMETIC PROCEDURE *(SKIP TO QUESTION '3b')*

a) ASYMPTOMATIC:

- □ COLON SCREEN (50 YEARS OF AGE+/FURST COLONOSCOPY)
- □ FOLLOW UP SURVEILLANCE/H/O COLONIC POLYPS *(ATTACH MOST RECENT COLONOSCOPY REPORT + RESULTS)*
- □ FAMILY H/O COLORECTAL CANCER/COLONIC POLYPS *RELATION(S) + AGE WHEN DIAGNOSED:*
- □ FAMILY H/O GASTRIC OR STOMACH CANCER/POLYPS/ DUE FOR FOLLOW UP GASTROCSCOPY
- □ OTHER

B) SYMPTOMATIC:

- □ ABDOMINAL PAIN
- □ BRBPR/RECTAL BLEEDING
- □ DIARRHEA
- □ CONSTIPATION
- □ RECTAL DISCHARGE/PUS
- □ NAUSEA
- □ VOMITTING
- □ HEMATEMESIS
- □ ANEMIA/LOW HB
- □ HEARTBURN
- □ BLOATING
- □ LOSS OF APETITE
- □ WEIGHT LOSS
- □ RECTAL PAIN
- □ DYSPHAGIA
- □ DYSPEPSIA
- □ GERD
- □ OTHER:

(ATTACH RELATED BLOOD WORK, MUST BE DONE WITHIN 3-6 MTHS OF THIS REFERRAL)

2. HAS PT BEEN DIAGNOSED WITH ANY OF THE FOLLOWING STOMACH/ BOWEL CONSITIONS? *(MARK ALL THAT APPLY)*

- □ CELIAC DISEASE
- □ DIVERTICULITIS
- □ LACTOSE INTOLERANCE
- □ FOOD INTOLERANCE
- □ BARRETT'S ESOPHAGUS
- □ IBS
- □ COLITIS
- □ CROHN'S DISEASE
- □ COLON CANCER
- □ STOMACH/GASTRIC CANCER

*****ALL RELEVANT INVESTIGATIONS MUST BE ATTACHED TO REFERRAL (U/S, XR, CT, MRI, BLOOD WORK, SPECIALIST NOTES, ETC.)**

*****UPDATED EXCLUSION CRITERIA AVAILABLE ON OUR WEBSITE**

*****FIT POSITIVE PLS FAX TO HHS FIT PROGRAM (905) 526-0594**

3. MEDICAL HISTORY:

a) PLEASE INDICATE IF THE PT HAS ANY OF THE FOLLOWING MEDICAL CONDITIONS OR,

- □ **NO SIGNIFICANT MEDICAL CONCERNS**
- □ **CPP ATTACHED**

- □ DIABETES: TYPE 1 OR TYPE 2
- □ HEART CONDITIONS (H/O MI, CAD)
- □ RESPIRATORY ISSUES (ASTHMA, COPD)
- □ H/O OR FMHX OF MALIGNANT HYPERTHERMIA
- □ SLEEP APNEA
- □ RENAL DISEASE
- □ LIVER DISEASE/ EXCESSIVE ETOH USE (14+ DRINKS/WK)
- □ LIMITED EXERCISE TOLERANCE
- □ H/O ADVERSE REACTION TO SEDATION /ANESTHETIC
- □ MORBID OBESITY

b)* MEDICATION- *PLEASE LIST CURRENT MEDICATIONS, OR:

- □ *NO MEDICATION*
- □ *MEDICATION LIST ATTACHED*
- □ *ANTICOAGULANTS AND/OR ASA*

4. MINOR COSMETIC PROCEDURES:

(PLEASE NOTE THAT THE CONSULTATION APPOINTMENT IS COVERED BY OHIP) ******NON INFECTED CASES ONLY***

- □ SEBACEOUS CYSTS ******INFECTED CASES WILL NOT BE SEEN***
- □ CHRONIC SKIN GRANULOMA
- □ DERMATOFIBROMA
- □ MOLES
- □ PILAR CYSTS OF SCALP
- □ EPIDERMAL CYSTS
- □ LIPOMA
- □ HEMANGIOMA
- □ RAISED SKIN LESIONS

5. HYDROGEN/ METHANE BREATH TEST:

- □ LACTOSE INTOLERANCE (MALABSORPTION)
- □ FRUCTOSE INTOLERANCE (MALABSORPTION)
- □ SMALL INTESTINAL BACTERIAL OVERGROWTH (GLUCOSE/LACTULOSE)

- □ **IF POSITIVE, PLEASE REFER TO GASTROENTEROLOGIST**

**** THIS IS NOT COVERED BY OHIP. A $150.00 FEE IS PAYABLE PRIOR TO THE APPOINTMENT. NO HST WILL BE ADDED.*