



**GI DIAGNOSTIC ASSESSMENT PROGRAM  
Referral / Order Form**

Please complete ALL information and fax to 519-749-4384

\*\*\* Patient must be aware of diagnosis prior to referral \*\*\*

**PATIENT'S PERSONAL INFORMATION (or affix patient demographics sticker)**

Name:		Date of Referral:		
Address:		Apt. #:	City, Town, Village:	
Postal Code:	Home Phone #: Business/Other Phone #:		Date of Birth:	
Is patient covered under the Ontario Health Insurance Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Full name on Health Card: _____		Health Card Number		Version code
				Exp date

**REFERRAL INFORMATION (To be completed and signed by referring physician):**

Patient notified of diagnosis: Y \_\_\_ N \_\_\_

Referring Physician's Name: \_\_\_\_\_ Tel: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Surgeon referred to by Gastroenterologist (if applicable): \_\_\_\_\_

**Medical History**

Relevant History: \_\_\_\_\_

Indication for Colonoscopy:  Screening  Symptomatic Date of referral to your office: \_\_\_\_/\_\_\_\_/\_\_\_\_  
year month day

Date of colonoscopy: \_\_\_\_/\_\_\_\_/\_\_\_\_ site of colonoscopy : \_\_\_\_\_  
year month day

**ROUTINE ORDERS (Please check boxes and fax back to office for processing)**

**Colorectal**

Colorectal lab set and CEA (set includes CBC, Cr, lytes, BUN, LFT and LDH) **Note: Provide an outside lab requisition and CEA fee exemption form to patients who live outside the K-W area.**

CT Chest/Abd/Pelvis (CT requisition completed and included with referral)

**Rectal**

Rectal tumour <15cm by scope  
 MRI Pelvis (If tumour <15cm by scope. MRI requisition must be completed and included with referral\*\*\*\*)

Greater than 320lbs (145kg) = CT scan limitation

Is the patient (check all that apply - mandatory):

On blood thinner

Diabetic

Able to sign consent? If no, substitute decision maker: \_\_\_\_\_

Allergic to contrast

Taking Metformin

Physician signature: \_\_\_\_\_

Transcribed by: \_\_\_\_\_

Nursing signature: \_\_\_\_\_

If you have any questions, please contact our office at 519-749-4370 ext 6962  
Fax referrals to 519-749-4384