GI CENTRAL
Access & Triage

Drs. Barclay, Cruz-Pereira, Eustace, Flynn, Jovanovic, Loomes, Pai, Papp, Pearson, Petrunia, Rioux, Shah, Singh, & Zandieh
Secure Fax: 1-888-398-7091

IMPORTANT

The triage intake co-ordinator will assess the FIRST PAGE of this referral for completeness.
A Gastroenterologist will then assess the ENTIRE REFERRAL for content.

Please fill out the entire form. **INCOMPLETE REFERRAL FORMS WILL BE REJECTED.**
Do not use labels or stamps, fillable forms are available on pathwaysbc.ca
Fax all referrals individually, not as a batch containing multiple referrals.
Send your referral to the secure fax number provided above.
Any subsequent correspondence will only be accepted by fax.

Please see changes to Guidelines for Determining Level of Urgency of GI Referral on second page >>

Date of Referral: _____

Urgency of Referral: ☐ **URGENT** ☐ Semi-urgent ☐ Non-urgent

Patient Name: _____

DOB: (mm/dd/yyyy) _____

☐ M ☐ F ☐ U

PHN: _____

Address: _____

_____

Tel: _____

Cell: _____

Alt Contact: _____

Previous patient of: _____

Type of Referral: ☐ Hospital ER ☐ Re-referral ☐ New ☐ 2nd Opinion

☐ First available ☐ Prefers to see: _____

Referring MD: _____ **MSP #** _____

Clinic Name: _____

Clinic Address: _____

_____

Clinic Fax: _____

Clinic Tel: _____

Family MD: _____

Reason for Referral (Document in space provided below - NOT as separate attachment.)

Clinical Warnings:

☐ **NONE**
☐ Anticoagulation and/or antiplatelet agent
☐ ICD cardioverter-defibrillator
☐ eGFR < 60
☐ Language barrier: _____
☐ Allergies: _____
☐ Other: _____
☐ Morbid obesity
☐ Diabetes
☐ Cognitive impairment
☐ MRSA ☐ VRE ☐ C.diff
☐ Other infectious disease
☐ Mobility impairment

Supporting Documents: (bloodwork, microbiology, diagnostic imaging, histopathology, consultants letters)

☐ Attached ☐ **NONE**
☐ Pending: _____

Relevant Medical History: ☐ Attached ☐ **NONE**

Current Medications: ☐ Attached ☐ **NONE**

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GUIDELINES FOR DETERMINING LEVEL OF URGENCY OF GI REFERRAL

EMERGENT - patient should be sent to the emergency department

As needed, the on call Gastroenterologist can be contacted through Island Health switchboard (250) 370-8699

- Acute gastrointestinal bleeding
- Esophageal food bolus or foreign body
- Clinical features of ascending cholangitis
- Decompensated liver disease
- Acute severe hepatitis
- Acute severe pancreatitis

URGENT

- High likelihood of cancer based on imaging or physical exam
- Clinical features suggestive of active IBD
- Bright red rectal bleeding
- Iron deficiency anemia
- Severe or rapidly progressive dysphagia
- Acute painless obstructive jaundice
- Positive fecal immunochemical test
- Imaging confirming choledocholithiasis

SEMI-URGENT

- Poorly controlled GERD or dyspepsia
- Stable dysphagia that is not severe
- Chronic constipation or chronic diarrhea
- Chronic, unexplained abdominal pain
- Confirmation of celiac disease (positive anti-TTG)
- Chronic viral hepatitis
- Change in bowel habit
- Newly diagnosed cirrhosis

NON-URGENT

- Abnormal liver chemistry, persistent (greater than 6 months)
- Chronic GERD for Barrett’s screening
- Screening/surveillance colonoscopy