



# REFERRAL FORM

305 Milner Ave. Suite 920  
Scarborough, ON, M1B3V4  
P:416.321.3883  
F:416.321.5162

*focused on prevention, founded on care*

REFERRING PHYSICIAN: \_\_\_\_\_

PATIENT INFORMATION: (USE LABEL IF AVAILABLE)

NAME: \_\_\_\_\_  
First Last

DOB: \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_  
DD/ MM/ YYYY

OHIP NUMBER \_\_\_\_\_ VERSION CODE \_\_\_\_\_

TELEPHONE NUMBER(S): HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL \_\_\_\_\_

**Patient must bring an interpreter if he/she does not understand English well to insure informed consent is obtained.**

PROCEDURE REQUESTED: GASTROSCOPY  COLONOSCOPY  HEMORRHOID LIGATION

INDICATION: ROUTINE SCREENING  SYMPTOMATIC  + FIT  + FAMILY HISTORY  PREVIOUS POLYPS/CANCER

OTHER COMPLAINTS: \_\_\_\_\_

MEDICAL HISTORY OF	YES	NO
SLEEP APNEA		
DIABETES		
CAD/ MI		
VALVE REPLACEMENT		
CVA/TIA		
ASTHMA/COPD		
BLEEDING DISORDER		
RECENT JOINT REPLACEMENT(<1 YR)		

OTHER MEDICAL ISSUES/SURGICAL HISTORY:

MEDICATIONS	YES	NO
ASPIRIN		
TICLID		
PLAVIX		
AGGRENOX		
COUMADIN		

PLEASE INDICATE IF YOU WISH TO HAVE THE PROCEDURE DONE BY A SPECIFIC ENDOSCOPIST

- Dr. Naresh Mohan (General Surgeon)     Dr. Arvind Nanda (General Surgeon)     Dr. Ulana Kawun (General Surgeon)
- Dr. Jose Nazareno (Gastroenterologist)     Dr. T Anderson (General Surgeon)     Dr. Rowena Almeida (Gastroenterologist)
- Dr. Vishal Patel (Gastroenterologist)     Dr. Wesley Leung (Gastroenterologist)

**PLEASE FAX REFERRAL REQUEST TO 416- 321-5162**

\_\_\_\_\_  
Signature of Referring Physician

\_\_\_\_\_  
Billing Number

\_\_\_\_\_  
Date dd / mm/ yyyy