Date:_____

Toronto Hemorrhoid Clinic

890 - A Yonge St. Toronto ON, M4W3P4
Phone: 647-760-3234 |Fax: 416-925-8555
torontohemorrhoidclinic.com

Patient Information
Name: _____
Phone #: _____
OHIP #: _____
Address: _____

Referring Physician Information
Referring Physician: _____
Phone #: _____
Fax #: _____
Billing #: _____

Reason for Consult

_____

_____

GI Endoscopy evaluation and pre-operative Internal Medicine consultation
***Pre-operative Out of Hospital (OHP) requirements for endoscopy**
As we are an out of hospital premise it is important to engage in a full pre-endoscopy consultation to determine all risk factors and suitability for undertaking the endoscopic procedure and anesthesia in an out of hospital facility.

☐ **Colonoscopy and Pre-op IM Consult**
- ☐ Screening
- ☐ Rectal bleeding / FOBT positive
- ☐ Abdominal Pan
- ☐Other ……
- ☐ Constipation/Diarrhea
- ☐ IBS
- ☐ Family History

☐ **Anorectal Problems**
- ☐ Abscess/hematoma ☐ Fissure ☐ Fistula ☐ Hemorrhoids
- ☐ Rectal bleeding /OB positive
- ☐ Other ……

☐ **Gastroscopy and Pre-op IM Consul**
- ☐ Abdominal pain; dyspepsia ☐ Ulcer
- ☐ Anemia ☐ Gastritis
- ☐ Acid Reflux ☐ H. Pylori
- ☐ Celiac Disease
- ☐ Crohn's Disease
- ☐ Difficulty Swallowing
- ☐ Other…….

Weight …… Lbs/Kg
BMI ……..

Medical History

- ☐ Hx of adverse reaction to sedation /anaesthesia
- ☐ Diabetes Mellitus: Type I or Type II
- ☐ On anticoagulants
- ☐ ASA or Plavix
- ☐ MI / Unstable angina last 6 months
- ☐ Emphysema/Severe COPD
- ☐ Ambulatory
- ☐ Prosthetic heart valve
- ☐ Abnormal renal function
- ☐ Other _____

List all Medications:	**Referring Physician Signature:**

We will make 3 attempts to contact the patient. Your patient can call for an appointment 3 business days after referral is sent.

Additional Referral forms ☐ Yes ☐ No

Fax to: 416-925-8555