

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: \_\_\_\_\_  
Email: \_\_\_\_\_

### Referring Physician Information

Referring Physician: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
Billing #: \_\_\_\_\_

### Reason for Consult

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### 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
- Anemia
- Acid Reflux
- Celiac Disease
- Crohn's Disease
- Difficulty Swallowing
- Other .....
- Ulcer
- Gastritis
- H. Pylori

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 \_\_\_\_\_

<b>List all Medications:</b>	<b>Referring Physician Signature:</b>
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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**