200-105 Clappison Ave, Waterdown, ON L8B 1W2

905-689-1110 289-408-0101 web: panaceaclinics.com

COLONOSCOPY REFERRAL

Patient information:

Name: _____

D.O.B: _____**Sex: M/F**_____

OHIP: _____**VC:** _____

Cell Phone: _____

Alternate Phone: _____

Referring Physician Information:

Name: _____

Billing No: _____

Phone: _____

Fax: _____

Address: _____

EXCLUSION CRITERIA – Check all that apply – (Patients should be referred to hospital-based physician):

CARDIOVASCULAR:	☐ RECENT MI < 6 MONTHS OR UNSTABLE ANGINA	☐ CHF	☐ SEVERE VALVULAR HEART DISEASE
PULMONARY:	☐ SEVERE COPD / EMPHYSEMA (ON HOME O_2)	☐ SEVERE SLEEP APNEA (CPAP)	☐ MORBID OBESITY (BMI ____)
GI / LIVER:	☐ BRISK GI BLEEDING / MELENA	☐ DECOMPENSATED LIVER DISEASE	☐ OBSTRUCTIVE JAUNDICE / CHOLANGITIS
OTHER:	☐ CURRENT PREGNANCY	☐ NON-AMBULATORY PATIENT	
RENAL:	☐ DIALYSIS PATIENT		

Reason for Referral:

☐ URGENT	☐ CONSULTATION	☐ FOLLOW UP

☐ Gastroscopy		☐ Colonoscopy	
☐ GERD ☐ Nausea ☐ Melena ☐ Dysphagia	☐ Dyspepsia ☐ Weight loss ☐ Anemia ☐ Abdominal Pain	☐ FIT+ve ☐ Colon Screening ☐ History of Polyps ☐ Family History CANCER ☐ Rectal Bleed ☐ Bloating / Gas Flatulence	☐ Weight loss ☐ Anemia ☐ Constipation ☐ Diarrhea ☐ Abdominal Pain

Medications: Blood thinner Yes/No

Medical History

☐ Hx of adverse reaction to sedation ☐ Diabetes Millitus: Type I or Type II ☐ Last Serum Creatinine ☐ Allergies	☐ Patient uses prophylactic antibiotics ☐ Prosthetic heart valve ☐ Abnormal RenalFunction

PLEASE FAX THE REFERRAL TO - 289 408 0101