OGI

Ottawa Gastrointestinal Institute

Referral Form (Please Fax or Email)

Patient Full Name		**Date of Referral**
Date of Birth	Gender M / F	**Referring MD**
OHIP Number	Version	Billing Number
Address		Address
Phone	Cell	Fax Tel
email		Office email

Please check or circle all that apply and enter all relevant medical history. OGI will use submitted data to expedite patients care.
OGI may arrange pre-procedure consultation/assessment prior to Endoscopic procedures (CPSO Procedure Standards for all OHPs).
Consultation and Endoscopic procedures will be covered by OHIP. Uninsured patients will be accepted and directly charged at OMA rates.

Reason for Referral	**X**
Colonoscopy	
Gastroscopy	
Screening (Asymptomatic)	
Surveillance (History of Adenoma or Colorectal Cancer)	
+ FOBT	
+ Family History	
Change in Bowel Habits	
Hematochezia (Rectal Bleeding)	
Melena / Hematemesis	
Anemia / Weight Loss	
Abdominal pain	
GERD / Dysphagia	
Nausea / Vomiting / Dyspepsia	
Crohn's / Ulcerative Colitis	
Hemorrhoids	
Anal Fissure	
Anal Fistula / Abscess	
Pilonidal Disease	
Gallstone Disease / Cholecystitis	
Abnormal Lab / CT / US / MRI	

Medical History	**X**
Hypertension	
Diabetes	
Asthma / COPD / Smoker	
Coronary Artery Disease	
Stent / CABG	
Arrhythmia / Atrial Fibrillation	
Pacemaker / Defibrillator	
Congestive Heart Failure	
Valvular Heart Disease	
Sleep Apnea / CPAP	
Obesity (BMI>35)	
TIA / Stroke / Seizures	
Renal Failure / Transplant	
Hepatic Failure / Cirrhosis	
Excessive ETOH / Illicit Drugs	
Hep C / Hep B / HIV	
Non-ambulatory	
ASA 3 or higher	
Adverse Anesthesia Reaction	
Cancer Type:	

Please attach other past medical history

Medications	**X**
Coumadin	
Plavix / Pradaxa / Xarelto / …	
ASA / NSAIDS	
Insulin	
L-Thyroxin	
Nitro Spray	
Drug Allergies	**X**
Family History	**X**
Colorectal Cancer / Adenoma	
Gastric / Esophageal Cancer	
Surgical History	**X**
Previous Colonoscopy/EGD	

Please attach previous Colonoscopy, EGD, Pathology, Imaging, and Lab reports

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