

Referral Form (Fax 613-248-9009 or Email reception@ottawagi.com)

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).

Please refer patients presenting with any of the following conditions to the hospital: Pacemaker, Defibrillator, CHF with EF<40%, On supplemental O2 or with FEV1<50%, Personal or family history of Malignant Hyperthermia, Cirrhosis, BMI>50 kg/m2, MI in last 6 months, Poorly controlled Diabetes, Poorly controlled Hypertension, Age>85, Requiring lift or unable to transfer to bed without assistance, Failure to maintain Platelet count >50,000.

Consultation and Endoscopic procedures will be covered by OHIP. Uninsured patients will be accepted and directly charged at OMA rates.

Please note that OGI is NOT participating in the Regional Central Intake referral process. Please continue to send all referrals directly to OGI.

Patient Full Name	Date of the Referral
Date of Birth	Referring MD
OHIP#	Billing #
Address	Office Address
Phone	Office Fax Tel
Email	Office email

Reason for Referral	
Colonoscopy	
EGD	
+ FOBT/FIT	
Surveillance (history of Colorectal Cancer or Adenoma)	
+ Family Hx (Cancer or Adenoma)	
Average risk screening	
Change in Bowel Habits (please specify)	
Hematochezia (Rectal Bleeding)	
Anemia (attach recent bloodwork)	
Weight Loss	
Dysphagia	
GERD	
Nausea and Vomiting	
IBD (Crohn's / Ulcerative Colitis)	
Hemorrhoids / Anal Fissure	
Abdominal / Inguinal Hernia	
Anal Fistula / Abscess	
Pilonidal Disease	
Gallstone Disease / Cholecystitis	

Medical History	
Hypertension	
Diabetes	
Asthma / COPD / Smoker	
Coronary Artery Disease	
Cardiac Stent / CABG	
Arrhythmia / Atrial Fibrillation	
Pacemaker / Defibrillator	
Congestive Heart Failure	
Valvular Heart Disease	
Obsructive Sleep Apnea / CPAP	
Obesity (please specify BMI)	
TIA / Stroke / Seizures	
Renal Failure / Transplant	
Hepatic Failure / Cirrhosis	
Excessive ETOH / Illicit Drugs	
Hep C / Hep B / HIV	
Non-ambulatory	
Abnormal Lab / CT / US / MRI	
Cancer Type:	

Medications	Х
Anticoagulants (list medication)	
Antiplatelets (list medication)	
Diabetes meds (list medication)	
Drug Allergies	
Family History	
Colorectal Cancer / Adenoma	
Surgical History	
Previous Colonoscopy	
Previous EGD	
Priority	Х
Regular priority	
High priority (Rapid Access Service)	

Please attach Medical history, Surgical history, Meds list, previous Colonoscopy, EGD, Pathology, Imaging, and Lab reports