

**Fax: 403-944-3838**

**Tel: 403-944-3800**

**Referral Form**

- Referrals will be triaged and assigned a priority and recommended screening test based on the information included in this form. Highest priority will be given to those with a positive FOBT.
- Incomplete referrals, referrals for patients that do not meet current screening guidelines, and referrals that do not meet eligibility criteria will not be accepted and will be returned to the referring physician.

Patient Stamp

**Eligibility Criteria:**

1. Age  $\leq$  74 years with valid AHCIP coverage and eligible reason for referral (see below)
2. Asymptomatic. No GI signs or symptoms requiring specialist consultation (i.e. rectal bleeding, anemia, new GI symptoms)
3. No medical conditions that would increase the risk of sedation or colonoscopy. Not on Coumadin. BMI < 40.

**The referring physician must inform the CCSC of any changes in the patient that could affect priority or eligibility.**

_____	_____	_____
Last Name	First Name	Home phone
_____	_____	_____
Date of birth (day/month/year)	Gender	Work phone
_____	_____	_____
Street Address		Cell phone
_____	_____	_____
City	Postal Code	email

PHN

**Eligible Reasons for Referral:**

- Average Risk Screening: 50 – 74 years, asymptomatic, no personal or family history of polyps or colon cancer. (Expected wait time: > 24 months  $\Rightarrow$  Recommend annual FOBT until seen at CCSC)
- Personal history of colon cancer or adenomatous polyps  $\Rightarrow$  Indicate year of diagnosis \_\_\_\_\_
- Positive Fecal Occult Blood Test performed in an asymptomatic individual for colon cancer screening (append results)
- Family history of colon cancer or adenomatous polyps (list affected relatives below)
 

$\hookrightarrow$	Relative	Cancer or Adenoma	Age at diagnosis
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**Has this patient had a previous colonoscopy?**

- No
- Yes  $\Rightarrow$  Date: \_\_\_\_\_ Endoscopist \_\_\_\_\_  $\Rightarrow$  Forward copy of colonoscopy and pathology reports

**Medications**

- Insulin (referring physician must manage insulin dosing for colonoscopy)
- Plavix: okay to stop for 14 days prior to colonoscopy?     Yes     No

**BMI (must be < 40)**

\_\_\_\_\_ kg/m<sup>2</sup>

**Referring Physician**

_____	_____
Name	ULI
_____	_____
Address	City
_____	_____
Phone	Fax
_____	_____
Physician signature	Today's Date

Physician Stamp