



PATIENT IDENTIFICATION

Colorectal DIAGNOSTIC ASSESSMENT PROGRAM -Referral / Order Form

Please complete ALL information and fax to 519-749-4384
***** Patient must be aware of diagnosis prior to referral *****

PATIENT'S PERSONAL INFORMATION (or affix patient demographics sticker)

Name:		Date of Referral:			
Address:		Apt. #:	City, Town, Village:		
Postal Code:	Home Phone #:		Date of Birth:		
		Business/Other Phone #:			
Is patient covered under the Ontario Health Insurance Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Full name on Health Card: _____			Health Card Number		Version code
			Exp date		

REFERRAL INFORMATION (To be completed and signed by referring physician):

Patient notified of diagnosis: Y ___ N ___		
Referring Physician's Name:	Tel: ()	Fax: ()
Surgeon referred to by Gastroenterologist (if applicable):		

Medical History

Relevant History:

Indication for Colonoscopy: <input type="checkbox"/> Screening <input type="checkbox"/> Symptomatic	Date of referral to your office: ____/____/____ <small>year month day</small>
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Date of colonoscopy: ____/____/____ <small>year month day</small>	site of colonoscopy :
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ROUTINE ORDERS (Please check boxes and fax back to office for processing)

Colorectal

- Colorectal lab set and CEA (set includes CBC, Cr, lytes, BUN, LFT and LDH) **Note: Provide an outside lab requisition and CEA fee exemption form to patients who live outside the K-W area.**
- CT Chest/Abd/Pelvis (CT requisition completed and included with referral)

Rectal

- Rectal tumour <15cm by scope**
 - MRI Pelvis (If tumour <15cm by scope. *MRI requisition must be completed and included with referral*****)
 - Greater than 320lbs (145kg) = CT scan limitation

Is the patient (check all that apply - mandatory):

- On blood thinner
- Diabetic
- Able to sign consent? If no, substitute decision maker: _____
- Allergic to contrast
- Taking Metformin

Physician signature:	
Transcribed by:	
Nursing signature:	

If you have any questions, please contact our office at 519-749-4370 ext 6962
Fax referrals to 519-749-4384