



Barrie GI Associates

www.BarrieGI.ca

NEW PATIENT REFERRAL FORM

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- Dr. Doug Hemphill
- Dr. Lindsay Crabbe

- Dr. Kyle Fortinsky
- Dr. Rima Petroniene

- Dr. Ahsan Syed
- Any GI

Date: _____

Patient's Name		Email		Referring Physician	
Patient's Address			Gender		Physician Address
Health Card # (Version Code)			DOB (mm/dd/yyyy)		Physician Billing #
Home Phone #		Cell Phone #		Physician Phone #	Physician Fax #

Reason for consult

- Office
- Gastroscopy
- Colonoscopy
 - Symptoms
 - Family History of Colon Cancer
 - FIT+
 - Polyp Surveillance

**PLEASE ATTACH A COMPLETE LIST OF ALL MEDICAL CONDITIONS, CURRENT MEDICATIONS, AND RELEVANT WORK-UP INCLUDING BLOOD WORK, STOOL TESTS, IMAGING, PRIOR ENDOSCOPY REPORTS.*

PLEASE COMPLETE THE 2 ITEMS BELOW. THESE ARE REQUIRED IN ORDER TO TRIAGE ENDOSCOPY TO THE HOSPITAL OR BARRIE ENDOSCOPY. INCOMPLETE REFERRALS WILL BE AUTOMATICALLY REJECTED.

1. HEIGHT: _____ WEIGHT: _____ BMI: _____

2. DOES YOUR PATIENT HAVE ANY OF THE FOLLOWING CONDITIONS? YES NO

- INSULIN-DEPENDENT DIABETES (TYPE 1 OR TYPE 2)
- OBESITY WITH BMI > 35
- OBSTRUCTIVE SLEEP APNEA
- PRIOR MYOCARDIAL INFARCTION OR CORONARY ARTERY DISEASE
- CARDIAC ARRHYTHMIA OR VALVULAR HEART DISEASE
- TAKING AN ANTIPLATELET MEDICATION EXCEPT ASPIRIN (E.G., CLOPIDOGREL, TICAGRELOR)
- TAKING ANY ANTICOAGULANT MEDICATION
- EPILEPSY OR SEIZURES
- CHRONIC KIDNEY DISEASE (CREATININE > 150)
- BLEEDING DISORDER
- CHRONIC PAIN ON OPIOIDS OR HEAVY ALCOHOL USE
- PERSONAL OR FAMILY HISTORY OF MALIGNANT HYPERTHERMIA

Referring physician signature