

All Sites and Facilities

EGD (Esophagogastroduodenoscopy) and Colonoscopy Referral

Page 1 of 2

Name: _____ DOB: _____
NHN: _____ Gender: _____ PHN: _____
Address: _____
Home phone: _____ Alternate phone: _____
Email: _____
Secondary contact: _____
PATIENT LABEL

1	Date (YYYY-MM-DD): _____ Patient contact date for colonoscopy (see reverse for guidance): _____ (YYYY-MM-DD)		Referring provider (affix label or complete) Name: _____ MSP #: _____ Address: _____ Phone: _____ Fax: _____ Clinic name (if applicable): _____ Primary Care Practitioner: _____		
	Endoscopist referred to: _____				
2	Colonoscopy (see reverse for guidelines)	Colorectal symptoms <input type="checkbox"/> Likely cancer <input type="checkbox"/> Active inflammatory bowel disease	Urgent (2 weeks) <input type="checkbox"/> Iron deficiency anemia <input type="checkbox"/> Moderate symptomatic	Semi-urgent (8 weeks) <input type="checkbox"/> FIT+: _____ (YYYY-MM-DD)	Routine (26 weeks) <input type="checkbox"/> Chronic symptoms <input type="checkbox"/> Routine (more than 1 year)
		Colorectal cancer screening and surveillance/recall		Semi-urgent (8 weeks) <input type="checkbox"/> Family history in first degree relative(s) with colorectal cancer (brother, sister, parent, son, daughter) <input type="checkbox"/> One or more first degree relatives less than 60 years or two or more first degree relatives greater than 60 years <input type="checkbox"/> Other family history <input type="checkbox"/> Surveillance/recall	
3	Esophago-gastroduodenoscopy		Urgent (2 weeks) <input type="checkbox"/> Alarm symptoms <input type="checkbox"/> Other: _____	Semi-urgent (8 weeks) <input type="checkbox"/> Alarm symptoms <input type="checkbox"/> Other: _____	Routine (26 weeks) <input type="checkbox"/> Dyspepsia <input type="checkbox"/> Surveillance <input type="checkbox"/> Other: _____
4	Tick all that apply: <input type="checkbox"/> Peritoneal dialysis <input type="checkbox"/> Hemodialysis <input type="checkbox"/> Type 1 diabetes mellitus <input type="checkbox"/> Type 2 diabetes mellitus <input type="checkbox"/> Anticoagulants <input type="checkbox"/> Dual anti-platelets <input type="checkbox"/> Pacemaker/defibrillator Preparation: <input type="checkbox"/> eGFR → Date: _____ (YYYY-MM-DD)				
5	Clinical history/examination (complete or attach clinical note)				
	Past medical/surgical history (complete or attach clinical summary)				
	Relevant tests (attach letter(s), recent endoscopy/pathology/imaging report(s))				
	Medications				
Triage (see reverse for guidance): <input type="checkbox"/> High risk patient for colonoscopy <input type="checkbox"/> Suitable for direct access for colonoscopy					

Physician signature: _____ Date: _____



EGD (Esophagogastroduodenoscopy) and Colonoscopy Referral

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Information and definitions

1	Patient contact date for colonoscopy: Date when the patient is called/contacted to be seen after a positive FIT, or is ready for recall for screening surveillance.									
2	Referral criteria and timings for procedure Colonoscopy Colorectal symptoms <ul style="list-style-type: none"> Urgent (2 weeks) <ul style="list-style-type: none"> High likelihood of cancer based on imaging or physical exam Active inflammatory bowel disease Semi-urgent (8 weeks) <ul style="list-style-type: none"> New iron deficiency anemia Moderately symptomatic: Persistent rectal bleeding, recent acute non-bloody diarrhea, recent change of bowel habit to loose stool Other: Please specify history and examination findings Routine (26 weeks) <ul style="list-style-type: none"> Chronic symptoms (e.g. chronic, watery diarrhea, chronic erratic bowel habit (alternating diarrhea with constipation)) Colorectal cancer screening and surveillance/recall <ul style="list-style-type: none"> Screening (8 weeks): See Guideline for Colorectal Screening <ul style="list-style-type: none"> Positive FIT, indicate the date of the positive FIT Screening (26 weeks) <ul style="list-style-type: none"> Family history colorectal cancer (see NH Colorectal Screening and Surveillance Guideline) Surveillance/recall: See NH Guideline for Colorectal Screening and Surveillance FIT: <ul style="list-style-type: none"> Inappropriate in symptomatic patients, refer for opinion/investigation Following negative colonoscopy in screening and recall/surveillance interval for repeat FIT is 10 years 									
3	Esophagogastroduodenoscopy (EGD) Urgent (2 weeks) Alarm symptoms: Progressive dysphagia or hematemesis, or three or more of the features below (the yield of EGD for cancer increases with increasing numbers): Semi-urgent (8 weeks) Less than or equal to two of the features below: <table border="0"> <tr> <td>• Recent onset upper abdominal pain</td> <td>• Anemia</td> <td>• Nausea</td> </tr> <tr> <td>• Unintentional weight loss</td> <td>• Increased platelet count</td> <td>• Reflux</td> </tr> <tr> <td>• Greater than 55 years of age</td> <td>• Vomiting</td> <td>• Dyspepsia resistant to therapy</td> </tr> </table> Routine (26 weeks) <ul style="list-style-type: none"> Dyspepsia <ul style="list-style-type: none"> Surveillance (e.g., Barrett's esophagus) Investigation for small bowel disease (e.g., celiac) 	• Recent onset upper abdominal pain	• Anemia	• Nausea	• Unintentional weight loss	• Increased platelet count	• Reflux	• Greater than 55 years of age	• Vomiting	• Dyspepsia resistant to therapy
• Recent onset upper abdominal pain	• Anemia	• Nausea								
• Unintentional weight loss	• Increased platelet count	• Reflux								
• Greater than 55 years of age	• Vomiting	• Dyspepsia resistant to therapy								
5	Triage: Option only, not mandatory, for those who are willing to identify patient who are either Potentially higher risk as to fitness for colonoscopy, high risk criteria: <ul style="list-style-type: none"> Unstable cardiac, vascular disease or cardiac failure Event less than 3 months: IHD, MI, DVT, PE, CVA, TIA, stent, ablation, vascular surgery, coronary artery disease Significant lung disease Admission less than 8 weeks with COPD or asthma Presence of sleep apnea, requirement for home oxygen Other: Frailty, BMI greater than 40, decompensated cirrhosis Surgery less than 8 weeks or relevant GI surgery in the past Potentially suitable for direct access colonoscopy (consider in the following patients): <ul style="list-style-type: none"> Clearly fulfill indication criteria for colonoscopy No major high risk fitness criteria as above Ability to understand colonoscopy No major physical limitations No previous poor experience of colonoscopy 									

Please note: If appointment confirmation has not been received within one month please contact the specialist's office

Note: Complete all mandatory sections that are shaded