

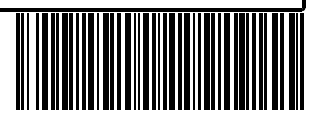
EGD (Esophagogastroduodenoscopy) and Colonoscopy Referral



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

1	Referral date (YYYY-MM-DD): _____ Patient contact date for colonoscopy (see reverse for guidance): _____ (YYYY-MM-DD) Endoscopist referred to: _____	Referring provider (affix label or complete) Name: _____ MSP #: _____ Address: _____ Phone: _____ Fax: _____ Clinic name (if applicable): _____ Primary Care Practitioner: _____			
2	Colonoscopy (see reverse for guidelines)	Colorectal symptoms Colorectal cancer screening and surveillance/recall	Urgent (2 weeks) <input type="checkbox"/> Likely cancer <input type="checkbox"/> Active inflammatory bowel disease	Semi-urgent (8 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) Routine (26 weeks) Family history in first degree relative(s) with colorectal cancer (brother, sister, parent, son, daughter) <input type="checkbox"/> One or more first degree relatives (FDR) less than 60 years or two or more FDRs 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 <input type="checkbox"/> eGFR → Value: _____ Date: _____ (YYYY-MM-DD) <input type="checkbox"/> BMI: _____ Date: _____				
5	Clinical history/examination/relevant tests (complete or attach clinical notes/letter of recent endoscopy report/pathology/imaging reports)				
	Past medical/surgical history (complete or attach clinical summary)				
	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: _____



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Information and definitions

1	<p>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.</p>
2	<p>Referral criteria and timings for procedure</p> <p>Colonoscopy</p> <p>Colorectal symptoms</p> <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)) <p>Colorectal cancer screening and surveillance/recall</p> <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 <p>FIT:</p> <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	<p>Esophagogastroduodenoscopy (EGD)</p> <p>Urgent (2 weeks) Alarm symptoms: Progressive dysphagia or hematemesis, or three or more of the clinical features listed (the yield of EGD for cancer increases with increasing numbers).</p> <p>Semi-urgent (8 weeks): Two or less of the clinical features listed.</p> <p>Routine (26 weeks)</p> <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) <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Clinical features</p> <ul style="list-style-type: none"> Recent onset upper abdominal pain Unintentional weight loss Greater than 55 years of age Increased platelet count Dyspepsia resistant to therapy Anemia Vomiting Nausea Reflux </div>
5	<p>Triage: Option only, not mandatory, for those who are willing to identify patient who are either</p> <p>Potentially higher risk as to fitness for colonoscopy, high risk criteria:</p> <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 <p>Potentially suitable for direct access colonoscopy (consider in the following patients):</p> <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 bolded