

**ENDOSCOPY REFERRAL: PRINCE ALBERT**

<b>PATIENT INFORMATION:</b>		Last Name:		First Name:	
Date of Birth: DD/MMM/YYYY		Address:			
City:		Prov:	PC:	Gender <input type="checkbox"/> M <input type="checkbox"/> F	HSN:
Home Phone:		Work Phone:		Cell Phone:	

<b>REFERRING PHYSICIAN &amp; CLINIC INFORMATION</b>					
<input type="checkbox"/> Family Doctor	Name:				
<input type="checkbox"/> Nurse Practitioner	Address:				
<input type="checkbox"/> Specialist	Phone:				
<input type="checkbox"/> Midwife	Fax:				

**REFERRAL TO: CHECK MOST URGENT REASON AND INCLUDE RELEVANT DOCUMENTATION - DIAGNOSTIC LABS OR IMAGING, CONSULTS, INTERVENTIONS AND REFERRAL LETTER.**

<input type="checkbox"/> The next available Surgeon Except Dr. _____	<input type="checkbox"/> Specify: Dr. _____
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**REASON FOR REFERRAL: CHECK MOST URGENT REASON AND INCLUDE RELEVANT DOCUMENTATION - DIAGNOSTIC LABS OR IMAGING, PRENATAL RECORDS, CONSULTS, INTERVENTIONS AND REFERRAL LETTER.**

<b>GI Endoscopy</b>	<input type="checkbox"/> Upper (Send labs/imaging)
	<input type="checkbox"/> Lower (Send labs/imaging)
<b>Indication</b>	
<b>Fit Test Positive</b>	<input type="checkbox"/> Yes <span style="margin-left: 100px;">Please Attach FIT Form</span>
<b>Anticoagulant</b>	<input type="checkbox"/> Patient is on anti-platelet medication <span style="margin-left: 100px;"><input type="checkbox"/> Patient is on anti-coagulant medication</span>
	<i>If patient on anti-platelet or anti-coagulant medications, consider withdrawal or heparin bridging prior to the procedure, especially if biopsy or other intervention planned or likely to occur.</i>
<b>Imaging</b>	<input type="checkbox"/> Barium Study <span style="margin-left: 50px;"><input type="checkbox"/> CT/MRI/PET</span> <span style="margin-left: 50px;"><input type="checkbox"/> Ultrasound</span> <b>** Please attach reports</b>

<b>Relevant Surgical / Medical History and Comorbidities</b>

**DIABETES CLINIC REFERRAL REQUIRED:**  Y  N **FAX REFERRAL TO:** (306) 765-6624

**POOLED REFERRAL INFORMATION:** Patients offered the pooled referral option will receive the next available appointment with a specialist able to treat the referring condition. Specialists who choose to pool their referrals but do not share an office may use the Referral Management Service at eHealth Saskatchewan to manage the intake of patient referrals. This service shares de-identified referral information with all the specialists in this group to aid in reducing patient wait times and improving the patient experience.

Physician Signature:	Date:
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<b>Redirecting Specialist:</b>	Date:
<input type="checkbox"/> Pooled <span style="margin-left: 100px;"><input type="checkbox"/> Specific Dr. _____</span>	