niagarahealth
Extraordinary Caring. Every Person. Every Time.

# COLORECTAL CANCER SCREENING PROGRAM
# COLONOSCOPY REFERRAL FORM

**Phone: (905) 378-4647 x33150 Fax:(289) 398-1013**

## 1. Patient Information

First Name: patFirstName Last Name: patSurname Sex: ☐ Male ☐ Female

Address: patAddressLabel DOB: ....yyyy / ....mm / ...te.dd (YYYY MM DD)

Health Card: patHN Version: ...VersionCode

Phone (H): ....area - ....nnn - ...nnnn (W): ....area - ....nnn - ...nnnn (C): ...area - ....nnn - ...nnnn

Preferred Site (*Subject to wait time availability*): ☐ ALL NH SITES ☐ SCS ☐ WHS ☐ GNG

Patient Availability (*e.g. vacation*): ____________________

## 2. Indication **Patient must be asymptomatic and meet one of the following:**

☐ Patient was referred after a Positive FOBT (PF) ***Please send lab results with referral form***

☐ Patient was referred because a first-degree relative had Colorectal Cancer (FD)

## 3. Past Medical History

☐ Abnormal Renal Function

*Most recent serum creatinine level:* __________

☐ Diabetes Mellitus on Medication

☐ *Oral Hypoglycemics* ☐ *Insulin:* __________

☐ Emphysema/Other severe pulmonary disease

☐ Heart Disease

☐ MRSA/ VRE Positive

☐ Other: ____________________

Medications: ☐ None

____________________

____________________

☐ Anticoagulation/Coagulation disorder

*Indication:* __________

☐ History of adverse reaction to sedation or anesthesia

☐ Patient using prophylactic antibiotics

☐ Previous abdominal/ pelvic surgery

☐ Scheduled follow-up procedure

***Date of last colonoscopy:*** __________

Allergies: ☐ None

____________________

____________________

## 4. Provider Information

Referring Physician: currMdName Signature: __________

Phone #: ...MdPhone.default Fax #: currMdFax.default Physician Billing # (mandatory): ...rMdPhysNum

Date of Referral: currentDate.short ☐ Blood Work Attached

Comments:

____________________

## 5. Hospital Use Only

Consultation Appointment Date: __________ Time: __________ Physician: __________

Consultation Appointment Date: __________ Time: __________ Site: __________

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