



Please note, if your patient takes one of Plavix, Warfarin, Pradax , or Insulin, they should be referred directly to one of our endoscopists first for assessment.

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Male  Female

OHIP Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Patient Label

Reason for referral:

- Colorectal cancer screening
age
fam Hx
FOBT +ve
Surveillance (follow-up) colonoscopy. Last scope (if known):
Symptoms (specify):

Procedure requested:

- Colonoscopy
EGD
Both
TBD

Endoscopist preferred

- First available
Dr. E. Chan
Dr. F. Flaman
Dr. D. Kolyn
Dr. M. Lee
Dr. A. Nguyen

Past Medical History ( attach EMR Profile ) Choose File No file chosen

Previous Surgeries:
Medications:
Allergies: NKDA Other:
Other Information (if appropriate)

Referring Physician:
OHIP Number: Signature:

fax form to 519.650.5577