



STARTING A NEW CHAPTER. BE PART OF OUR STORY.

ENDOSCOPY REFERRAL FORM

COMPLETED FORM TO BE FAXED TO BRANT COMMUNITY HEALTH SYSTEM CENTRAL BOOKING AT **519-751-5569**

INCOMPLETE FORMS WILL BE RETURNED TO PRIMARY HEALTH CARE PROVIDER FOR COMPLETION

Patient Information (complete or affix label)

Patient Name: _____
 Address: _____
 Health Card Number: _____
 Phone Number: _____
 Alternate Phone Number: _____
 Patient email: _____
 Emergency Contact: _____
 Emergency Contact Phone #: _____
 Language English Other: _____
 Requires a translator DOB: / /

Fecal Occult Blood Test/Fecal Immunochemical Test Positive Date: / /

Current Medications:

Current medication list is attached

No medications

Medical History:

| | | | |
|--|--|---|---------------------------------------|
| No significant medical history | Pulmonary Embolism/ Deep Vein Thrombosis | Valvular Heart Disease Mechanical Valve Replacement | Diabetes Sleep Apnea |
| Congestive Heart Failure | Cerebrovascular Accident | Cirrhosis | Dementia |
| Post Myocardial Infarction (within 3 months) | Pacemaker/ Defibrillator | Chronic Renal Failure | Chronic Obstructive Pulmonary Disease |
| | Coronary Artery Stent | Prosthetic Hardware | |
| | | Atrial Fibrillation | |

Allergies: _____

Mobility Concerns (specify): _____

Patient NOT able to consent (specify): _____

Most Responsible/Substitute Decision Maker: _____

Height (cm): _____ Weight (kg): _____ Body Mass Index: _____

Healthcare Provider Review:

The procedure indications have been discussed with the patient

Referring Physician:

SIGNATURE

PRINTED NAME AND DESIGNATION

Physician Phone Number: _____

Physician Fax Number: _____

Hospital use only

Date of Procedure: ___/___/_____

Time of Procedure: _____

- Prep instruction sent to patient email post
- Appointment date / time sent to patient
- Patient No Show

COPY SENT TO:

| | | |
|----------|------------|--------|
| JONES | WANG | ROONEY |
| LIACONIS | SOMERTON | SHARMA |
| SCHNIDER | VANDERBEEK | DOWNIE |
| PAWLIWEC | | |

Primary HCP Date: ___/___/___