Barrie GI Associates

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# NEW PATIENT REFERRAL FORM

*15 Gallie Court, Suite #306, Barrie, L4M 7G1*

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☐ **Dr. Doug Hemphill** ☐ **Dr. Kyle Fortinsky** ☐ **Dr.Ahsan Syed** ☐ **Dr. Abbas Merali**
☐ **Dr. Lindsay Crabbe** ☐ **Dr. Rima Petroniene** ☐ **Dr.Sehem Ghazala** ☐ **Any GI**

**Date:** _____

| **Patient's Name** | **Email** | **Referring Physician** |
|---|---|---|
| **Patient's Address or Label** | **Gender** | **Physician Address or Stamp** |
| **Health Card No. (Version Code)** | **DOB (mm/dd/yyyy)** | **Physician Billing No.** |

| **Home Phone** | **Cell Phone** | **Work Phone** | **Physician Phone No.** | **Physician Fax No.** |
|---|---|---|---|---|
| | | | | |

**Reason for consult**

**Patient consents to emails** ☐ **Yes** ☐ **No**

☐ **Office**
☐ **Gastroscopy**
☐ **Colonoscopy**
- ☐ Symptoms
- ☐ Family History of Colon Cancer
- ☐ FIT+
- ☐ Polyp Surveillance

****PLEASE attach reports of previous endoscopies (and attach all relevant work up including imaging, blood work, stool tests, etc.)**

****REFERRAL MUST INCLUDE: Height** _____ **Weight** _____ **kg/lbs BMI** _____

**Medical history**

- ☐ Hx of adverse reaction to sedation/anesthesia
- ☐ Diabetes Mellitus: Type I or Type II
- ☐ Sleep Apnea ☐ CPAP
- ☐ Stroke / TIA
- ☐ Angina / MI / Unstable angina last 6 months
- ☐ Arrythmia/Pacemaker/ICD
- ☐ Prosthetic heart valve
- ☐ Chronic Kidney Disease (Cr >150)
- ☐ COPD / Emphysema
- ☐ Bleeding Disorder
- ☐ Chronic pain requiring opioids
- ☐ Neurologic disease
- ☐ Seizures / Epilepsy
- ☐ Regular Cannabis Use
- ☐ Alcohol Abuse
- ☐ Other _____

**List all medications (or attach complete list)**

☐ **Plavix** ☐ **Brillinta** ☐ **Coumadin** ☐ **Xarelto** ☐ **Eliquis** ☐ **Pradaxa**

**Other medical conditions (or attach complete list)**

**Referring physician signature**