



Ottawa Gastrointestinal Institute

Referral Form (Fax 613-248-9009 or Email reception@ottawagi.com)

Please check or circle all that apply and enter all relevant medical history. OGI will use submitted data to expedite patients care. OGI may arrange pre-procedure consultation/assessment prior to Endoscopic procedures (CPSO Procedure Standards for all OHPs). **Please refer patients presenting with any of the following conditions to the hospital: Pacemaker, Defibrillator, CHF with EF<40%, On supplemental O2 or with FEV1<50%, Personal or family history of Malignant Hyperthermia, Cirrhosis, BMI>50 kg/m2, MI in last 6 months, Poorly controlled Diabetes, Poorly controlled Hypertension, Age>85, Requiring lift or unable to transfer to bed without assistance, Failure to maintain Platelet count >50,000.**

Consultation and Endoscopic procedures will be covered by OHIP. Uninsured patients will be accepted and directly charged at OMA rates. **Please note that OGI is NOT participating in the Regional Central Intake referral process. Please continue to send all referrals directly to OGI.**

Patient Full Name	Date of the Referral	
Date of Birth	Referring MD	
OHIP #	Billing #	
Address	Office Address	
Phone	Office Fax	Tel
Email	Office email	

Reason for Referral	X
Colonoscopy (routine access)	
Colonoscopy (rapid access)	
+ FOBT/FIT	
Surveillance (history of Colorectal Cancer or Adenoma)	
+ Family Hx (Cancer or Adenoma)	
Average risk screening	
Change in Bowel Habits (please specify)	
Hematochezia (Rectal Bleeding)	
Anemia (attach recent bloodwork)	
Weight Loss	
Dysphagia	
GERD	
Nausea and Vomiting	
IBD (Crohn's / Ulcerative Colitis)	
Hemorrhoids / Anal Fissure	
Abdominal / Inguinal Hernia	
Anal Fistula / Abscess	
Pilonidal Disease	
Gallstone Disease / Cholecystitis	

Medical History	X
Hypertension	
Diabetes	
Asthma / COPD / Smoker	
Coronary Artery Disease	
Cardiac Stent / CABG	
Arrhythmia / Atrial Fibrillation	
Pacemaker / Defibrillator	
Congestive Heart Failure	
Valvular Heart Disease	
Obsructive Sleep Apnea / CPAP	
Obesity (please specify BMI)	
TIA / Stroke / Seizures	
Renal Failure / Transplant	
Hepatic Failure / Cirrhosis	
Excessive ETOH / Illicit Drugs	
Hep C / Hep B / HIV	
Non-ambulatory	
Abnormal Lab / CT / US / MRI	
Cancer Type:	

Medications	X
Anticoagulants (list medication)	
Antiplatelets (list medication)	
Diabetes meds (list medication)	
Drug Allergies	X
Family History	X
Colorectal Cancer / Adenoma	
Surgical History	X
Previous Colonoscopy	
Previous EGD	

Please attach Medical history, Surgical history, Meds list, previous Colonoscopy, EGD, Pathology, Imaging, and Lab reports
