

MANDATORY REQUIREMENTS FOR ALL REFERRALS

PATIENT DEMOGRAPHICS

- Patient last name, first name, given names
- PHN/ULI
- Gender
- Address, including city, postal code, province
- Home phone, other phone
- Emergency contact and/or guardian name & phone, and relation to patient

OTHER INFORMATION

- Relevant medical history
- Indicate if interpreter is required and language
- Physical limitations
- Economic and social/psychological factors

REFERRING PROVIDER

- Name
- Address, including city & postal code
- Phone & Fax

FAMILY PHYSICIAN

- Name
- Indicate if same as referrer or if patient has no primary care provider
- Phone & Fax

CO-MORBIDITIES

PLEASE INCLUDE IN THE REFERRAL IF THE PATIENT HAS ANY OF THE FOLLOWING:

- History of stroke
- Cardiovascular disease (eg: prior MI)
- Respiratory disease
- Peripheral vascular disease
- GI disease (eg: Crohn's)
- Renal Disease
- Liver disease (Hepatitis B or C)
- Diabetes
- Rheumatologic disease (eg: SLE, scleroderma etc)
- Active infections (eg: MRSA, shingles, TB, VRE)
- HIV
- Cognitive issues
- Any other concurrent medical problem
- Sleep apnea with CPAP
- Current medication list including antithrombotics (type and reason), antiplatelet and insulin/oral hypoglycemic agent

EMERGENCY

for all emergencies, refer directly to the emergency department

OR

CONTACT RAAPID

North: 1-800-282-9111 or 780-735-0811

South: 1-800-661-1700 or 403-944-4486

REFERRAL PROCESS

In order to prioritize referrals based on the clinical needs, it is imperative that we are provided with consistent and complete information. We are requesting that the following be adhered to when sending referrals:

1. **Typed Referrals Only:** we have been receiving some handwritten referrals and hope you will understand our request for typed referrals going forward.
2. **Accompanying Documents:** we review Netcare on all new referrals; therefore, we do not require you to provide us with any supporting documentation that is uploaded to Netcare. Only include documentation that **cannot** be found on Netcare.
3. **Chinook Regional GI Referral Pathways:** kindly include all the "Mandatory Requirements" within your written referral.
4. **Clinical Care Pathways Link:** while you are awaiting the acceptance of the referral, should you have any concerns managing the patient, please refer to the following link:
 - a. <https://www.specialistlink.ca/clinical-pathways/clinical-pathways.cfm>

This website has a plethora of information to help assist in managing the patient.

Thank you for your understanding as we strive to serve our mutual patients with the utmost care.

	REASON FOR REFERRAL	MANDATORY INFORMATION	ESSENTIAL INVESTIGATIONS & SUGGESTED TIME FRAMES
COLORECTAL CANCER SCREENING	AVERAGE RISK SCREENING FOR COLORECTAL CANCER No personal or family history of colorectal cancer or colonic adenomas	<ul style="list-style-type: none"> asymptomatic men and women aged 50-74 asymptomatic men and women aged 75-84 screening with FIT may be acceptable provided general health and life expectancy have been assessed. Symptomatic patients indicating possible gastrointestinal (GI) pathology (e.g.: anemia or rectal bleeding) should be investigated and referred for gastroenterology consultation 	<p>PROCESS: REFER FOR FECAL IMMUNOCHEMICAL TEST (FIT)</p> <ul style="list-style-type: none"> Screen with FIT every 1-2 years starting at 50 years. If FIT is positive or if family history changes, refer for a colonoscopy FIT should not be performed within 10 years of a high-quality colonoscopy that did not detect polyps in an average risk individual. If the patient is experiencing new gastrointestinal symptoms at any time since the previous colonoscopy, the patient should be referred to a gastroenterologist for a diagnostic follow-up
	FIT: POSITIVE FINDING	<ul style="list-style-type: none"> Append copy of FIT results 	<p>PROCESS: REFER FOR COLONOSCOPY</p> <ul style="list-style-type: none"> Refer promptly to local colorectal cancer screening program or endoscopist for colonoscopy
	PERSONAL HISTORY Of colorectal cancer or colonic adenomas	<ul style="list-style-type: none"> Append copy of previous colonoscopy and pathology reports 	<p>PROCESS: REFER FOR COLONOSCOPY</p> <ul style="list-style-type: none"> Referral for follow-up colonoscopy should be consistent with recommendations by local colorectal cancer screening program or endoscopist FIT not required
	POLYP On sigmoidoscopy, or	<ul style="list-style-type: none"> Sigmoidoscopy report or imagine results (if available) 	<p>PROCESS: REFER FOR COLONOSCOPY</p> <ul style="list-style-type: none"> Referral to local colorectal cancer screening program or endoscopist for colonoscopy FIT not required
	SUSPECTED POLYP on ct colonography or other diagnostic		
	FAMILY HISTORY OF COLORECTAL CANCER OR HIGH-RISK ADENOMATOUS POLYP(S) <ul style="list-style-type: none"> One 1st degree relative diagnosed at 60 years or younger Two or more affected relatives diagnosed at any age <p>1. High Risk adenomatous polyps include: 3-10 adenomas, one adenoma ≥ 10mm, any adenoma with villous features or high-grade dysplasia</p> <p>2. Patients with one 2nd or one 3rd degree relative with CRC or a high-risk adenomatous polyp are considered an average risk.</p>	<ul style="list-style-type: none"> Age 74 or younger, Patients over age limit may be reviewed on a case-by-case basis. The patient must be clinically stable and able to undergo procedural sedation. Significant comorbidities may affect eligibility for a screening colonoscopy in some settings. Copy of previous colonoscopy and pathology report (if applicable) Symptomatic patients indicating possible gastrointestinal (GI) pathology (ed: anemia or rectal bleeding) should be investigated and referred for gastroenterology consultation. <p>OPTIONAL</p> <ul style="list-style-type: none"> CBC, electrolytes, creatinine 	<p>PROCESS: REFER FOR COLONOSCOPY</p> <ul style="list-style-type: none"> Screening begins at age 40 or 10 years earlier than the youngest diagnosis in the family, whichever comes first. Referral to local colorectal cancer screening program or endoscopist for colonoscopy FIT not required

IF PATIENT HAS 1ST DEGREE RELATIVE AFFECTED WHO WAS OLDER THAN 60 WHEN DIAGNOSED

- Refer for FECAL IMMUNOCHEMICAL TEST (FIT)
- Screen with FIT every 1-2 years starting at age 40
- If FIT is positive or if family history changes, refer for a colonoscopy.

	REASON FOR REFERRAL	MANDATORY INFORMATION	ESSENTIAL INVESTIGATIONS & SUGGESTED TIME FRAMES		
COMMON LUMINAL DISORDERS	GI BLEED • Hematemesis. • Melena (define)	• Hematochezia • Low hemoglobin	• Duration • Frequency	1 MONTH • CBC/hemoglobin level • Creatinine	IF INDICATED • INR/PTT
	RECTAL BLEED		• Recent change in bowel habit • Duration & Frequency • Family history	1 MONTH • CBC/hemoglobin level • CRP (optional if ulcerative colitis is suspected)	IF AVAILABLE • Previous colonoscopy/flexible sigmoidoscopy or imaging reports
	IRON DEFICIENCY ANEMIA		• Any GI symptoms • Family history of GI malignancy (colorectal cancer, gastric cancer, celiac disease, IBD) • Duration & progression • Response to iron therapy (if applicable)	6 MONTHS • Ferritin, TTG IgA level	
	CHANGE IN BOWEL HABIT		• Define what the problem is including duration of symptoms	1 YEAR • CBC	
	CONSTIPATION		• Define the problem including the frequency of bowel movements and duration of symptoms • Attempted interventions & response to therapy	6 MONTHS • CBC, ferritin, TSH, TTG, IgA, glucose, calcium/albumin	
	ABNORMAL IMAGING OF GASTROINTESTINAL TRACT		• Why did you request the imaging – include a description of the symptoms	3 MONTHS • CBC, electrolytes, creatinine	
	GASTROESOPHAGEAL REFLUX DISEASE/DYSPEPSIA Non-cardiac chest pain		• Duration and frequency of symptoms • Severity of symptoms • Whether patient is responding to medication	1 YEAR • CBC	IF AVAILABLE • Imaging report
	DYSPHAGIA		• Duration, severity • Solids or liquids • Progressive or intermittent, unchanged? • Weight loss	8 WEEKS • CBC (only for ages 50+)	IF AVAILABLE • Imaging report
	BARRETT'S ESOPHAGUS		• Duration and diagnosis if present • Duration of symptoms • Use of PPI	6 MONTHS • CBC	IF AVAILABLE • Previous gastroscopy report • Previous pathology report

	REASON FOR REFERRAL	MANDATORY INFORMATION	ESSENTIAL INVESTIGATIONS & SUGGESTED TIME FRAMES		
COMMON LUMINAL DISORDERS	WEIGHT LOSS	<ul style="list-style-type: none"> Amount & duration of weight loss including BMI Associated symptoms Medications and relevant investigations done to date Associated medical conditions which might contribute to weight loss (cancer, COPD, etc) 	6 MONTHS	<ul style="list-style-type: none"> CBC, ferritin, electrolytes, creatinine Liver enzymes (ALT, AST, alkaline phosphatase, bilirubin) Thyroid function test Celiac serology/screen TTG, IgA, albumin 	
	ABDOMINAL PAIN	<ul style="list-style-type: none"> Frequency Severity Duration 	1 MONTH	OPTIONAL <ul style="list-style-type: none"> CRP, lipase <ul style="list-style-type: none"> CBC, electrolytes, BUN, creatinine LFTs – ALT, ALK Phos, GGT and AST (where available), bilirubin Celiac serology/screen, TTG, IgA 	
	DIARRHEA	<ul style="list-style-type: none"> Frequency, duration Stool form BMI Attempted investigations & response to therapy 	6 MONTHS	<ul style="list-style-type: none"> Stool cultures for: C&S, O&P and C. difficile (if relevant acute) TSH, CBC, CRP Celiac serology/screen, TTG IgA 	
	CELIAC DISEASE	<ul style="list-style-type: none"> Is patient following a gluten-free diet? Copy of small bowel biopsy imaging and report In general, it is preferred that small bowel biopsies are done to prove that the patient has celiac disease before a gluten-free diet is started 	6 MONTHS	OPTIONAL <ul style="list-style-type: none"> Folate, INR, Ca/albumin, B12 IF AVAILABLE <ul style="list-style-type: none"> Previous gastroscopy & pathology reports <ul style="list-style-type: none"> CBC, ferritin, TSH Celiac serology/screen, TTG IgA 	
	INFLAMMATORY BOWEL DISEASE	Symptoms: <ul style="list-style-type: none"> Diarrhea (bloody/non-bloody) Abdominal pain Vomiting Weight loss (Kgs/month) Fever Duration of symptoms Bowel movements per day – extraintestinal (please list) 		ACTIVE OR SUSPECTED	3 MONTHS <ul style="list-style-type: none"> Stools for C&S, O&P and C difficile toxin CBC, electrolytes, creatinine, CRP, iron, ferritin, ALT, AST, ALK phos, GGT, bilirubin, albumin, (celiac serology if not previously done) B12 Relevant endoscopy, diagnostic imaging, surgical/pathology reports INACTIVE <ul style="list-style-type: none"> All above except stool tests
	IRRITABLE BOWEL SYNDROME	<ul style="list-style-type: none"> Frequency & duration of symptoms Severity of symptoms & impact on daily activities Previous GI consultations, attempted interventions & response to therapy 		6 MONTHS	<ul style="list-style-type: none"> CBC, celiac serology/screen, TTG, IgA, TSH, and if diarrhea: stool for O&P CRP

	REASON FOR REFERRAL	MANDATORY INFORMATION	ESSENTIAL INVESTIGATIONS & SUGGESTED TIME FRAMES		
HEPATOLOGY	ACUTE LIVER DISEASE/HEPATITIS	<ul style="list-style-type: none"> Medication history including herbs/remedies/all OTC drug use/illicit drugs Symptoms (eg: jaundice, abdominal pain, etc.) DM Alcohol intake BMI Systemic symptoms (ie: sore throat, rash) 	<ul style="list-style-type: none"> 1 MONTH <ul style="list-style-type: none"> Liver enzymes: ALT, AST, ALK phos, GGT, LDH Liver function: INR, total / direct bilirubin, albumin CBC, electrolytes, creatinine, CK Ultrasound 3 MONTHS <ul style="list-style-type: none"> Previous liver enzymes if available 	<ul style="list-style-type: none"> Etiological: Hep A IgM, Hep B surface Ag, Hep B core IgM, Hep C Ab, IgG; IgA, IgM, ANA (anti-nuclear antibodies), SMA (anti-smooth muscle antibody), ceruloplasmin, ferritin, transferrin saturation, alpha 1 antitrypsin level Toxin screen (acetaminophen, cocaine, if applicable) 	
	CHRONIC LIVER DISEASE / ELEVATED LIVER ENZYMES	<ul style="list-style-type: none"> Medication History including herbs / remedies / all OTC drug use Symptoms (eg: jaundice, abdominal pain, confusion, pruritus, pedal edema, ascites, GI bleeding) Comorbidities (eg: DM, cholesterol, CAD etc.), thyroid disease Alcohol intake BMI 	<ul style="list-style-type: none"> 3 MONTHS <ul style="list-style-type: none"> Liver enzymes: ALT, AST, Alk phos, GGT, LDH Liver function: INR, total / direct bilirubin, albumin CBC, electrolytes, creatinine, CK Fasting lipids and A1c if applicable 6 MONTHS <ul style="list-style-type: none"> Old liver enzymes 	<ul style="list-style-type: none"> Etiological: Hep B, C serology, IgG, IgA, IgM, ANA (anti-nuclear antibodies), SMA (anti-smooth muscle antibody), AMA (anti-mitochondrial antibodies), ceruloplasmin, copper, ferritin, transferrin saturation, alpha 1 antitrypsin level, ATTG (anti-transglutaminase antibodies) Abdominal ultrasound (with hepatic / portal vein doppler where available) 	
	CIRRHOSIS OF LIVER	<ul style="list-style-type: none"> Decompensated jaundice, encephalopathy, ascites or varices Compensated 	<ul style="list-style-type: none"> Etiology – when / if established How was diagnosis established? Symptoms of decompensation (ie: jaundice, encephalopathy) Alcohol use 	<ul style="list-style-type: none"> 3 MONTHS <ul style="list-style-type: none"> Liver enzymes: ALT, AST, Alk phos, GGT Liver function: INR, total / direct bilirubin, albumin CBC, electrolytes, creatinine, AFP Fibroscan results (if available) 6 MONTHS <ul style="list-style-type: none"> Abdominal ultrasound (with hepatic / portal vein doppler where available) CT / MRI or US if available 	<ul style="list-style-type: none"> 1 YEAR (if not previously done) <ul style="list-style-type: none"> Etiological: Hep B, C serology, IgG, IgA, IgM, ANA (anti-nuclear antibodies), SMA (anti-smooth muscle antibody), ANA (anti-smooth muscle antibody), AMA (anti-mitochondrial antibodies), ceruloplasmin, copper, ferritin, transferrin saturation, alpha 1 antitrypsin level, ATTG (anti-transglutaminase antibodies) IF AVAILABLE <ul style="list-style-type: none"> Liver biopsy / endoscopy results
	ISOLATED LIVER MASS	<ul style="list-style-type: none"> Weight and BMI Hx of liver disease / cirrhosis Metastatic cancer to liver excluded (ie: no colon cancer, breast cancer, etc.) 		<ul style="list-style-type: none"> 1 MONTH <ul style="list-style-type: none"> CBC, electrolytes, BUN, ferritin, creatinine Liver enzymes: ALT, AST, Alk Phos, GGT, LDH Liver Function: INR, bilirubin total/direct, albumin 3 MONTHS <ul style="list-style-type: none"> Alpha fetoprotein 	<ul style="list-style-type: none"> IF NOT PREVIOUSLY DONE <ul style="list-style-type: none"> Etiological: Hep B, C serology, AMA, IgG, IgA, IgM, ANA, Anti-smooth muscle antibody, ceruloplasmin, copper, ferritin, transferrin saturation, alpha 1 antitrypsin level CT / MRI or US if available

	REASON FOR REFERRAL	MANDATORY INFORMATION	ESSENTIAL INVESTIGATIONS & SUGGESTED TIME FRAMES	
PANCREATOBILIARY	PANCREATITIS / PANCREAS ABNORMALITIES <ul style="list-style-type: none"> Acute pancreatitis Disorder of pancreas Disorder of biliary tract Primary sclerosing cholangitis 	<ul style="list-style-type: none"> Hospitalization details – discharge summary and relevant information Alcohol and gallstones are common causes of pancreatitis – history of both to be included in medical history To include all relevant imaging (copy of report and findings for all) 	2 MONTHS	<ul style="list-style-type: none"> ALT, AST, alkaline phosphatase, GGT, bilirubin, lipase, liver enzymes Creatinine BUN Electrolytes, CBC, Lipid profile, Ca
	REFERRAL FOR ERCP	<ul style="list-style-type: none"> Medical history Current medication To include all relevant imaging (copy of report and findings for all) 	1 MONTH	IF APPLICABLE <ul style="list-style-type: none"> Pregnancy test <ul style="list-style-type: none"> CBC, INR, PTT Surgical history – cystectomy, gall bladder removal
	REFERRAL FOR ENDOSCOPIC ULTRASOUND Examination of pancreas bile duct colon esophagus, other	<ul style="list-style-type: none"> Medical history Current medication To include all relevant imaging (copy of report and findings) 	3 MONTHS	<ul style="list-style-type: none"> ALT, ALP, GGT, bilirubin, lipase, creatinine
	REFERRAL FOR CAPSULE ENDOSCOPY <ul style="list-style-type: none"> Gastrointestinal hemorrhage 	<ul style="list-style-type: none"> Indication / question to be answered Relevant medications (eg: NSAIDs, iron) <p>Not usually a family physician direct referral (either directly referred or recommended by a gastroenterologist / internal medicine or surgeon that has seen and scoped the patient)</p>	3 MONTHS	<ul style="list-style-type: none"> ALT, ALP, GGT, bilirubin, lipase CBC, PTT/INR Surgical history
				8 WEEKS
	OTHER			
OTHER		<ul style="list-style-type: none"> Please specify and attach relevant investigations 		<ul style="list-style-type: none"> n/a