

Gastroenterology/Endoscopy Referral


- If this is an **urgent referral**, do not use this form - call RAAPID
- If detailed information is provided, additional letter is not required.
Use “Additional Comments” field on [last page](#) to provide more details.
- Ensure referral meets mandatory referral requirements, or it **may be** declined.

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary/Prefer not to disclose (X)			

For more detailed information on GI CAT fax number, criteria, location information, etc. visit: www.albertareferraldirectory.ca and view the “Gastroenterology CAT” profiles, per applicable zone.



For more detailed information on referral pathways and clinical pathways, visit Alberta's Pathway Hub and select 'Gastroenterology' or use the search feature.

			Date (dd-Mon-yyyy)	
Patient Address				Phone
Height (cm)	Weight (kg)	BMI	Is an Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, specify) _____	
Legal Guardian Name (if applicable)			Phone	Relationship
Referring Provider			Phone	Fax PRAC ID
Referring Provider Address			Primary Care Provider	

Referral Information

Is referral for Colorectal Cancer Screening <i>Note: If patient is 74 years or older, proceed to page 2.</i> <i>Use "Other" box if the listed indications do not reflect referral reason.</i>	<input type="checkbox"/> Yes - complete information below ▼ <input type="checkbox"/> No - for all other GI indications, including patients exhibiting symptoms of Colorectal Cancer, proceed to page 2
Has previous colonoscopy been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, include a copy of results if not available in Netcare</i> Use last page to provide detailed medical summary, and other relevant information.	
Is screening for one of the following: <input type="checkbox"/> Fecal Immunochemical Test (FIT): Positive Finding <input type="checkbox"/> Family History of Colorectal Cancer and/or Colon Polyp <input type="checkbox"/> Personal History or Surveillance of Previous Colorectal Neoplasia <i>Include the following investigations: CBC, electrolytes, creatinine (eGFR)</i>	
Patient Status (<i>check all that apply</i>) <input type="checkbox"/> On direct acting anticoagulant or antiplatelet medications <input type="checkbox"/> Diabetic <input type="checkbox"/> On Insulin <input type="checkbox"/> Type 1 diabetic <input type="checkbox"/> Type 2 diabetic	

Family History: First Degree Relative(s) - provide information below

[illegible]

The next 3 pages list reasons for referral.

If patient is exhibiting alarm features or symptoms of an acute GI Bleed,
call RAAPID or send to Emergency Department

Use "Additional Comments" field on [last page](#) to provide applicable
medical history and other details, or if reason for referral not listed below.

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Other Reasons for Referral - If reason has an associated Primary Care Clinical Pathway it will be linked beside the reason for reference.

All referral and clinical pathways can be found on 'Alberta's Pathway Hub' and using the search function or selecting 'Gastroenterology':
<https://www.albertahealthservices.ca/aph/Page18236.aspx>

Does patient have alarm features? ☐ Yes ☐ No **If yes, provide details on [last page](#).**

(Alarm features may include: Significant diarrhea, palpable rectal mass, unintentional weight loss (greater than or equal to 5-10% TBW in 6 months), significant and progressive change in bowel habit, significant abdominal pain, severe Iron Deficiency Anemia (IDA), GI bleed of any type)

Has previous endoscopy (upper or lower) been completed? ☐ Yes ☐ No

If yes, include a copy of results if not available in Netcare.

Type of Request

☐ New Referral

Is this a request for a specific site or Endoscopist? (wait time may be longer) ☐ Yes ☐ No

Site _____

Endoscopist _____

Is patient willing to travel to a site outside their home location for a procedure, if needed? ☐ Yes ☐ No

☐ Follow-Up (specify) _____

☐ Other (specify) _____

(optional) Has advice already been received from GI? ☐ Yes ☐ No

If yes, provide origin of advice (phone, eReferral, ConnectMD, etc) _____

GI Name _____ If GI recommendations given, specify in additional comments on [last page](#)

Disorders of the GI Tract - use [last page](#) to provide additional details

☐ Abnormal Imaging of Gastrointestinal Tract

Include copy of abnormal imaging report, provide details of symptoms and severity.

☐ Barrett's Esophagus Previously diagnosed? ☐ Yes ☐ No

Investigations completed **within 6 months**: CBC. Provide details regarding duration of symptoms, diagnosis (if known), and use of PPI.

☐ Celiac Disease

Link to [Celiac Disease Primary Care Clinical Pathway](#)

Investigations completed **within 6 months**: TTG IGA.

☐ Chronic Abdominal Pain

Link to [Chronic Abdominal Pain Primary Care Clinical Pathway](#)

Provide details of symptoms and severity.

☐ Chronic Constipation

Link to [Chronic Constipation Primary Care Clinical Pathway](#)

Investigations: CBC. Provide details of family history of colorectal cancer.

☐ Chronic Diarrhea

Link to [Chronic Diarrhea Primary Care Clinical Pathway](#)

Investigations: CBC, Electrolytes, Ferritin, C-reactive Protein, Fecal Calprotectin

☐ Dyspepsia

Link to [Dyspepsia Primary Care Clinical Pathway](#)

Investigations: CBC, H. Pylori test

☐ Dysphagia No mandatory investigations required. Include detailed medical summary of patient's history, symptoms, treatments to date.

Note: Dysphagia specific alarm features include progressive dysphagia with IDA, weight loss greater than 10%, upper GI bleeding, new onset after age 60, or dysphagia with imaging concerns for esophageal malignancy.

Patient has dysphagia alarm features ☐ Yes ☐ No

☐ Failure of Treatment for Helicobacter Pylori

Completed [H. Pylori Clinical Pathway](#)?

☐ Yes ☐ No

Investigations completed **within 3 months**: HpSAT and/or Urea Breath Test

If patient is exhibiting alarm features or symptoms of an acute GI Bleed, call RAAPID or send to Emergency Department

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Disorders of the GI Tract - use [page 4](#) to provide additional details (including current medications, allergies, medical history, etc.)

- ☐ Gastroesophageal Reflux Disease (GERD) [Link to GERD Primary Care Clinical Pathway](#)
No mandatory investigations required. Include detailed medical summary of patient's history, symptoms, treatments to date.
- ☐ GI Bleed: Hematemesis, Melena
Investigations completed **within 1 month**: CBC. Include details of medical history (duration, frequency, NSAID use, anti-coagulant and/or anti-platelet agent use).
- ☐ Inflammatory Bowel Disease (IBD) Is patient under care of Gastroenterologist? ☐ Yes ☐ No
(if yes, specify name of Gastroenterologist) _____
Status of IBD: ☐ Known ☐ Query
Previous colonoscopy? ☐ Yes ☐ No
If yes, include a copy of results (endoscopy and pathology) if not available in Netcare.
Indicate investigations that have been completed or ordered:

CBC	<input type="checkbox"/> Completed	<input type="checkbox"/> Ordered	CRP	<input type="checkbox"/> Completed	<input type="checkbox"/> Ordered
Stool C&S	<input type="checkbox"/> Completed	<input type="checkbox"/> Ordered	Celiac Serology	<input type="checkbox"/> Completed	<input type="checkbox"/> Ordered
C-Diff	<input type="checkbox"/> Completed	<input type="checkbox"/> Ordered	Fecal Calprotectin	<input type="checkbox"/> Completed	<input type="checkbox"/> Ordered
- ☐ Iron Deficiency Anemia (IDA) [Link to Iron Deficiency Anemia \(IDA\) Primary Care Clinical Pathway](#)
Provide details of symptoms, including duration and progression, family history of malignancy, and response to iron therapy, if applicable.
Investigations completed **within 8 weeks**: CBC, Serum Ferritin
Investigations completed **within 5 years**: Celiac Serology
- ☐ Irritable Bowel Syndrome (IBS) [Link to Irritable Bowel Syndrome \(IBS\) Primary Care Clinical Pathway](#)
Investigations: CBC, Celiac Serology, and Fecal Calprotectin if patient has diarrhea.
- ☐ Rectal Bleeding [Link to High Risk Rectal Bleeding Primary Care Clinical Pathway](#)
Was digital rectal exam performed?
☐ Yes (specify results) _____
☐ No (provide reason) _____
Investigations: CBC, creatinine, serum iron, TIBC, serum ferritin

Pancreatobiliary - use [page 4](#) to provide additional details (including current medications, allergies, medical history, alcohol intake, etc.)

- ☐ Pancreatic Mass/Abnormal Imaging of Pancreas
Investigations: Include copy of imaging report (Ultrasound, CT or MRI), Liver Enzymes (ALT, AST, ALP), Liver function (INR, Bilirubin), CBC
- ☐ Chronic Pancreatitis (provide any additional information indicated)
Medical history _____
Investigations completed **within 2 months**: ALT, AST, ALP, Bilirubin, Lipase, Creatinine, Electrolytes, CBC, Triglycerides, Cholesterol, Calcium

Hepatology - use [page 4](#) to provide additional details (including current medications, allergies, medical history, alcohol intake etc.)

If patient's AST or ALT are greater than 1000, treat as urgent and call RAAPID.

- ☐ Elevated Liver Enzymes/Non-Alcoholic Fatty Liver Disease (NAFLD) [Link to Non-Alcoholic Liver Disease PC Clinical Pathway](#)
Note: NAFLD is also known as Metabolic-dysfunction Associated Steatotic Liver Disease (MASLD).
Investigations completed **within 3 months**: CBC, Electrolytes, Creatinine, Liver enzymes (ALT, AST, ALP), GGT, Liver function (INR, Bilirubin, Albumin), FIB-4; HbA1C, Lipid panel. If not previously done, additional investigations: Etiological (Hep B surface antigen, Hep C antibody).
- ☐ Hepatitis C [Link to Hepatitis C Primary Care Clinical Pathway](#)
Investigations completed **within 6 months**: HCV RNA, HIV, CBC, Electrolytes, Creatinine, Liver enzymes (ALT, AST, ALP), GGT, Liver function (INR, Bilirubin, Albumin), FIB-4; Abdominal Ultrasound.

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All Other Indications and Additional Comments

Provide a detailed description of reason for referral, detailed medical history, clinical summary or other additional information.
Include other chronic GI conditions followed by a specialist, if applicable (e.g. pediatric transition to adult, out of province, EoE, Achalasia, etc.)

Current Medications

☐ Attached

Allergies

☐ Attached

Past Medical History *(diabetic, cardiovascular, etc.)*

☐ Attached