



# Kelowna Gastroenterology Referral Form

Fax completed form with accompanying information to one of the below offices:

**Kelowna Gastroenterology Associates**  
**Secure Fax: 250-763-3818**  
**Tel: 250-763-6433**  
 List of physicians and resources available at: [www.kelownagi.ca](http://www.kelownagi.ca)

**Office of Dr. Pina Michieletti**  
**Secure Fax: 250-763-9587**

Patient Demographic Information	Referring Provider Information
Last Name: First Name: PHN: DoB (mm/dd/yyyy):                      Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other Phone:                                      Phone Type: <input type="checkbox"/> Cell # <input type="checkbox"/> Home # Email: Full Mailing Address: City:    Postal Code:	Provider Name: MSP #: Clinic Name: Clinic Address: Clinic Phone: Clinic Fax: Referral Desk #: <b>GP Name (if not referring provider):</b>

**Referral Date (mm/dd/yyyy):**

**For referrals to Kelowna Gastroenterology Associates**

**Refer to:**

The first available specialist (*Those previously seen will be triaged to the original GI*)

Dr. \_\_\_\_\_

Description of GI Problems: (*duration, pattern, and severity of symptoms MUST be included below or in enclosed letter*)

  
  
  
  
  
  
  
  
  
  

Past Medical History:	Medications:
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Past Surgical History:	Allergies:
	Family History: ( <i>important for IBD, liver disease, screening, surveillance</i> )

On the following page, indicate the primary reason for referral and that you have included the relevant investigations. The **bolded** investigations are NECESSARY for triage and must be provided with the referral. Incomplete referrals without the **bolded** investigations may be returned.



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## Symptom Evaluation

- Abdominal Pain
  - CBC, ferritin, ALT, alk phos, bili, GGT, CRP, lipase, lytes/Cr, anti-TTG, IgA, iCa, imaging
  - If chronic, [failed clinical pathway](#)
- Constipation
  - DRE results, CBC, ferritin, iCa, TSH, anti-TTG, IgA
  - If chronic, [failed clinical pathway](#)
- Diarrhea
  - CBC, ferritin, albumin, CRP, anti-TTG, IgA, albumin, stool cultures/O&P/Cdiff, TSH
  - If chronic, [failed clinical pathway](#)
- Dyspepsia
  - Hpylori results, PPI trial
  - [Failed clinical pathway](#)
- Dysphagia
  - CBC, ferritin
- GERD/Heartburn
  - If chronic, [failed clinical pathway](#)
- GI Bleed (*upper*): melena/hematemesis
  - CBC, ferritin
- GI Bleed (*lower*): rectal bleeding at least twice per week for two consecutive weeks
  - Hemoglobin, ferritin
- Nausea/vomit/bloat
  - Anti TTG, IgA, Alt, Alk phos, bili, TSH, iCa
- Weight Loss
  - CBC, ferritin, CRP, anti TTG, IgA, Alt, Alk phos, GGT, bili, lipase, TSH

## Disease Management

- Abnormal Imaging
  - Imaging
- Abnormal LFT's
  - CBC, Alt, alk phos, GGT, INR, albumin, bilirubin
  - Hepatitis A, B, C serology
  - Ultrasound ordered
- Iron Deficiency Anemia
  - CBC, ferritin, anti-TTG, IgA
- Barrett's Screening/Surveillance
  - Last screening date and path
- Colon Cancer Screening/Surveillance (*outside of the BCCA program*):
  - Prior colonoscopy, pathology and family history
- Gastric Cancer Screening
  - Family history or ethnic risk
  - H. pylori stool antigen test
- Celiac Disease
  - Anti-TTG, IgA, prior biopsy
  - CBC, ferritin, duration gluten free
- Diverticulitis
  - Imaging
  - Number of episodes and antibiotic courses
- Pancreatitis
  - Imaging, lipase
  - Alt, alk phos, bili, iCa, Triglycerides
- Pancreatic Cyst
  - Imaging
  - CEA, CA19-9
- Chronic Liver or Biliary Disease (*including cirrhosis and liver transplant*)
  - CBC, Alt, Alk Phos, GGT, INR, albumin, bilirubin, ultrasound
- Request for EUS/ERCP for liver or biliary disease
  - LFTs, imaging
- IBD
  - CBC, ferritin, CRP
  - Prior colonoscopy and pathology, abdominal imaging, surgical history
  - Fecal calprotectin
- IBS
  - CBC, ferritin, anti-TTG, IgA, Alt, Alk phos, bili, iCa, TSH
  - [Failed clinical pathway](#)

*We use the below Canadian Association of Gastroenterology Wait Time Guidelines to triage. Meeting these guidelines depends on local resources.*

Emergent (please also direct to ER)	Urgent (target wait = 2 weeks):	Semi-Urgent (target wait = 8 weeks):	Routine (target wait = 26 weeks)
Acute GI bleeding Esophageal foreign body Symptoms of ascending cholangitis Decompensated liver disease Acute severe hepatitis Acute severe pancreatitis	Suspected cancer on exam/image Painless acute jaundice Severe dysphagia Active IBD	Lower GI bleeding/FIT positive Fe deficiency anemia Chronic viral hepatitis Dysphagia/reflux/dyspepsia Chronic constipation/diarrhea Change in bowel pattern Chronic abdominal pain Celiac evaluation	Screening for colon cancer (outside of BCCA indications) Barrett's screening Elevated LFT's > 6 months

### IMPORTANT

INCOMPLETE REFERRAL FORMS AND THOSE LACKING SUPPORTING DOCUMENTATION WILL RESULT IN A DELAY IN PROCESSING

Fillable forms are available on [pathwaysbc.ca](http://pathwaysbc.ca) and [www.kelownagi.ca](http://www.kelownagi.ca)

Fax patient referrals individually, not as a batch containing multiple patient referrals

We will aim to send confirmation of receipt of referral within three days

