

REFERRAL REQUEST FORM



1275 FINCH AVE WEST, Suite 113, TORONTO ON, M3J 0L5
 Tel: (416)-634-0001 Alt. Tel: (416)-635-7670 Fax: (416)-634-0002
 promedendoscopyclinic0@gmail.com
 Mon-Sun: 8.00am - 4.00pm

PATIENT INFORMATION

Patient name : _____ Physician Phone Number : _____
 Date of Birth : ___ / ___ / ___ Gender : Male Female Other Physician Email : _____
 Phone Number : _____ Physician Billing Number : _____
 Patient Email : _____ Referring Physician' name : _____
 OHIP Number : _____ Physician Fax : _____
 Height : _____ Weight: _____
 Please note BMI > 40 should be referred to hospital
 (Please check all that apply) Physician Signature : _____

Gastroscopy

- Abdominal Pain
- Anemia
- Bloating
- Dysphagia
- Dyspepsia
- Nausea
- Odynophagia
- Reflux Symptoms (GERD)
- Weight Loss
- Other (please specify) _____

Colonoscopy/ Flexible Sigmoidoscopy/Ano-rectal

- Abdominal Pain
- Anemia
- Bloating/ Gas/Flatulence
- Blood in Stool/ FIT +VE
- Colon Screening
- Constipation
- Diarrhea
- History of IBD
- History of Polyps
- Weight Loss
- Hemorrhoid
- Anusitis
- Others (please specify) _____

Medical History

DOES YOUR PATIENT HAVE ANY HISTORY OF:

- Diabetes Mellitus on Insulin GLP1 Receptor Agonist
- Coronary Artery Disease MI/ Unstable angina last 6 months
- Abnormal renal function Last serum Cr _____
- Asthma / Severe COPD on Puffer
- Patient uses prophylactic antibiotics
- Prosthetic heart valve
- Pacemaker
- Sleep Apnea on CPAP

- Stroke
- Smoking / Marijuana _____
- Alcohol _____
- Operations _____
- Family History _____
- Allergies (Please list) _____
- Anesthesia Complications in past/Risk _____
- Seizure _____

Please send relevant tests or investigations
 (labs, imaging, recent cardio reports etc)

DOES YOUR PATIENT USE ANY OF THE FOLLOWING MEDICATIONS? (Please check)

- COUMADIN (Warfarin) or LMWH
- ASPIRIN
- PLAVIX
- XARELTO
- BRILINTA
- WEGOVY
- MOUNJARO
- OZEMPIC
- OTHER MEDICATIONS: (Please list all) _____

Patient Appointment

PATIENT APPOINTMENT: _____ AT: _____ AM PM

PATIENT INSTRUCTIONS:

*Bring your health card and a list of your medications

*Please arrange for a responsible adult to accompany you home as you will receive DEEP SEDATION prior to your procedure. You cannot drive for 24 hours or go home alone by taxi.

*Notify us 3 days prior to your appointment if you need to cancel or reschedule. Patients who fail to show up for their appointment or give insufficient notice of cancellation will be charged \$75.

*If you are DIABETIC, bring your glucometer & test strips. If you have SLEEP APNEA, bring your machine. If you have ASTHMA, bring your PUFFER. Instructions will be different for patients on Ozempic/mounjaro/wegovy.

Please ask the front staff for the instructions if you are taking any of the above.

INSTRUCTION FOR GASTROSCOPY

Prior to your appointment: Do not eat for 8 hours and do not drink for 4 hours (including water).

INSTRUCTION FOR COLONOSCOPY

Purchase **BI-PEGLYTE** or **PEGLYTE + 3 DULCOLAX TABLETS** from your pharmacy. They are over-the-counter (if you need prescription please call the clinic).

5 DAYS PRIOR THE PROCEDURE:

1. If you are on **COUMADIN, PRADAXA, PLAVIX, ASPIRIN**, and/or **ORAL IRON** you must confirm with your family doctor or cardiologist if you can stop taking the listed medications 5 days prior to your procedure.

2. Stop eating foods containing NUTS or SEEDS.

2 NIGHTS PRIOR THE PROCEDURE

• Take **3 BISACODYL** tablets (inside Bipeglyte kit) or **3 DULCOLAX** tablets before bedtime to loosen compacted stool

1 DAY PRIOR THE PROCEDURE

• **NO SOLID FOOD, DAIRY OR SOY PRODUCTS. ONLY CLEAR LIQUIDS** until your procedure is done. You may have water, clear juices (apple, white grape, white cranberry), Gatorade/Powerade (white/yellow/orange), gingerale, 7up, Sprite, and clear tea.

• If you are nauseated, take 1 tablet (50 mg) of Gravol half an hour before taking BI-PEGLYTE or PEGLYTE.

OPTION 1 - BI-PEGLYTE (2 sachets)

MORNING: Mix up the Bipeglyte. Do this by adding the 1st sachet into 1 litre of water. Mix thoroughly. Then, add the 2nd sachet into a second litre of water. Mix thoroughly. Put the 2 litres of solution into the fridge to chill.

• **6:00PM:** Start drinking the 1st litre of **BIPEGLYTE**. Quickly drink a glassful every 10-15 minutes until you have finished the full 1st litre.

• **8:00PM:** Start drinking the 2nd litre of **BIPEGLYTE**. Quickly drink a glassful every 10-15 minutes until you have finished the full 2nd litre. Drink another 2 litres of clear liquids of your choice after you finished the **BIPEGLYTE**.

OPTION 2-PEGLYTE-add 4L of water into the jug.

• From **5:00pm-7:00pm** - drink **2 LITRES** of the solution, 1 glass every 10-15 minutes.

• From **8:00pm-10:00pm** - drink the last **2 LITRES** of the solution, 1 glass every 10-15 minutes. Drink another 1 litre of clear liquids of your choice after you finished the **PEGLYTE**.

IMPORTANT: Stop drinking ALL fluids 4 hours before your procedure time.

COLONOSCOPY INSTRUCTIONS WILL BE DIFFERENT FOR AFTERNOON APPOINTMENTS

DIRECTION:

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