

# OUTPATIENT REFERRAL TO GASTROENTEROLOGY

REF-GI

*This referral is for Eastern Urban and Western Grenfell Specialty group only.  
For all other Western referrals, change the Class to Outgoing Referral and choose the location/provider.  
For referring to Central, use the Referral to Internal Medicine.  
For referring to Eastern Rural or Lab-Grenfell, use the Referral to General Surgery.  
Fatty liver consults are more appropriate for Internal Medicine and should be sent there.  
All average risk colon cancer screening should use the Referral to Colon Cancer Screening (FIT program).*

## REFERRAL DETAILS

**Preferred Zone:** ☐ Eastern Urban ☐ Western

### Subspecialty (Eastern Urban):

☐ General GI / Hepatology ☐ ERCP ☐ EUS ☐ Manometry ☐ Complex Liver

### Subspecialty (Western):

☐ General GI / Hepatology ☐ Complex Liver

## REASON FOR REFERRAL — General GI / Hepatology

### Reason for Referral:

☐ Inflammatory bowel disease (IBD) ☐ Iron deficiency anemia (IDA) ☐ GI bleeding ☐ Hepatology ☐ Abnormal imaging of GI tract  
☐ Barrett's esophagus ☐ Dysphagia ☐ Gastro-esophageal reflux disease (GERD) ☐ Rectal bleeding  
☐ High risk colon cancer screening (not eligible for FIT testing) ☐ Chronic abdominal pain ☐ Positive TTG ☐ Other

Provide details: \_\_\_\_\_

CBC, ferritin ordered? (if Iron deficiency anemia or Rectal bleeding)

☐ Completed ☐ Ordered but not completed ☐ Other

Has the patient had previous endoscopy? (if Barrett's esophagus)

☐ Yes ☐ No

Previous colonoscopy? (if High risk colon cancer screening)

☐ Yes ☐ No Date: \_\_\_\_\_

CBC, TSH, TTG, IGA, Fecal Cal ordered? (if Chronic abdominal pain)

☐ Completed ☐ Ordered but not completed ☐ Other

## REASON FOR REFERRAL — Complex Liver

### Reason for Referral:

☐ Viral hepatitis (HBV, HCV) ☐ Decompensated cirrhosis for consideration of liver transplant ☐ Hepatocellular Carcinoma (HCC)  
☐ Other

Provide details: \_\_\_\_\_

## ERCP / EUS / MANOMETRY — Reason for Referral

**Reason for Referral:** \_\_\_\_\_