

# OUTPATIENT REFERRAL TO GENERAL SURGERY

General Surgery

## REFERRAL DETAILS

**Preferred Zone:** ☐ Eastern Urban ☐ Eastern Rural ☐ Western ☐ Central ☐ Labrador-Grenfell

**Is this a request for an endoscopy?** ☐ Yes ☐ No

### If NOT an endoscopy request — General Surgery

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

**Relevant Details:** \_\_\_\_\_

**Are you requesting a minor procedure? (lumps & bumps - local anesthetic)**

☐ Yes ☐ No

### If ENDOSCOPY requested

**Service** ☐ Endoscopy Lab City ☐ Endoscopy St. Anthony ☐ Endoscopy Goose Bay

**Reason for Referral (select all that apply):**

- ☐ High likelihood of cancer based on imaging or PE ☐ Unexplained weight loss ☐ Iron deficiency anemia ☐ Dysphagia
- ☐ Barrett's follow-up ☐ GERD/Dyspepsia (must be new onset at 50y or above, or not responded to trial of PPI's)
- ☐ Clinical features suggestive of active inflammatory bowel disease ☐ FOBT test positive ☐ FIT test positive ☐ Rectal bleeding
- ☐ Personal history of polyp or cancer ☐ New onset change in bowel habit ☐ Screening colonoscopy ☐ Other

**Comments:** \_\_\_\_\_

If Iron deficiency anemia selected:

**Iron Status:** ☐ High ☐ Ferritin ☐ MCV

### If ENDOSCOPY requested (continued)

If Screening colonoscopy selected:

**Has the patient had FIT testing?** ☐ Yes ☐ No

FIT Date & Result: \_\_\_\_\_

**Family history of colorectal cancer or polyps?**

(NOTE: Current guidelines do NOT support screening before 50y or after 75y if no fam hx)

☐ Yes ☐ No

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**Is the patient on therapeutic anticoagulants / antiplatelets?**

☐ Yes ☐ No

If Yes:

**Which anticoagulant / antiplatelet? (if Yes above)**

\_\_\_\_\_

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**Has the patient had previous endoscopy?** ☐ Yes ☐ No

If Yes:

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

\_\_\_\_\_

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**Does the patient have any of the following?**

☐ DM ☐ History of MI ☐ ICD, cardiac stents, or valvular heart disease ☐ Any prosthetic hardware

### REFERRAL TYPE & COMMENTS

**Referral Type:** ☐ New Referral ☐ Update to Existing Referral

Comments: \_\_\_\_\_

\_\_\_\_\_