

REFERRAL to PES-RUDD Endoscopy Clinics

- All patients must be referred by a physician. -

Date:

Patient's Name (Last Name / First Name)			Referring Physician	
Patient's Address or Label			Physician's Address or Stamp	
Health Card No. Version:	Gender (pls.circle) Male Female	Physician Referring Number		
Date of Birth	Daytime Phone	Evening Phone	Physician's Phone No.	Physician's Fax No.

Reason for Referral

Consultation only (please describe)
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<input type="checkbox"/> Colonoscopy <input type="checkbox"/> Screening <input type="checkbox"/> Rectal bleeding / OB positive <input type="checkbox"/> Anorectal problems (please describe) <input type="checkbox"/> Other	<input type="checkbox"/> Gastroscopy <input type="checkbox"/> Abdominal pain; dyspepsia <input type="checkbox"/> Anemia <input type="checkbox"/> Other
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Medical History

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| <input type="checkbox"/> Hx of adverse reaction to sedation /anaesthesia | <input type="checkbox"/> Emphysema/Severe COPD |
| <input type="checkbox"/> Diabetes Mellitus: Type I or Type II | <input type="checkbox"/> Patient uses prophylactic antibiotics |
| <input type="checkbox"/> On anticoagulants? | <input type="checkbox"/> Prosthetic heart valve |
| <input type="checkbox"/> MI / Unstable angina last 6 months | <input type="checkbox"/> Abnormal renal function |
| <input type="checkbox"/> Ambulatory? | Last serum Cr |

Medications:	Allergies:
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Can we have home contact with patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please indicate <input checked="" type="checkbox"/> if you require additional referral forms <input type="checkbox"/>	Note: You can also download and print the referral form from our website: www.ruddclinic.com/consultations
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In the <u>Greater Toronto Area</u> , PLEASE FAX THIS FORM to 416-597-2912 or 905-607-0013	In the <u>Ottawa Region</u> , PLEASE FAX to 613-216-1824
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Rudd Clinic Toronto 123 Edward Street, Ste 825 Toronto, Ontario M5G 1E2 Tel. 416-597-0997 Email: toronto@ruddclinic.com / info@provisendoscopy.com	PES Clinic Mississauga 3095 Glen Erin Dr., Ste 7-10 Mississauga, Ontario L5L 1J3 Tel. 905-607-0022	PES-Rudd Clinic Oakville 710 Dorval Drive, Ste. 202 Oakville, Ontario L6K 3V7 Tel. 905-607-0022 website: www.ruddclinic.com / www.provisendoscopy.com	PES Clinic Ottawa 2 Gurdwara Road, Ste.100 Ottawa, Ontario K2E 1A2 Tel. 613-216-1823
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