Heart and Health Clinic

Specialist & Cardiac Diagnostic Centre

T: 289-760-9550
F: 905-296-3858
E: clinic@heartandhealth.ca
W: www.heartandhealth.ca

Our Clinic Location

Stoney Creek
70 King St E, Lower Level
Stoney Creek, ON L8G 1K2

Cambridge
715 Coronation Blvd, Unit 8
Camridge, ON N1R 7R1

Welland
30 Cross St, Unit 301
Welland, ON L3B 5X6

Dundas
11 Cross St
Dundas, ON L9H 2R3

GASTROENTEROLOGY REFERRAL FORM | DR. ALI ALHARETHI

PATIENT INFORMATION (AFFIX LABEL IF AVAILABLE)

First Name

Last Name

Health Card Number

Gender

Patient Email

Patient Telephone

Patient Address

DOB (MM/DD/YY)

REASON FOR REFERRAL - UPPER GI SYMPTOMS

- ☐ Decreased Appetite
- ☐ Dysphagia
- ☐ Early Satiety
- ☐ Epicastric Pain
- ☐ GERD for 10+ Years
- ☐ GERD Refractory to PPI 2+ Mths
- ☐ Hematemisis / Coffee Grounds
- ☐ Melena
- ☐ Non-Cardiac Chest Pain
- ☐ Odynophagia
- ☐ Persistent Vomiting
- ☐ Other:

PREVIOUS INVESTIGATIONS
(ATTACH RELEVANT DETAILS)

- ☐ Previous Gastro Consult
- ☐ Previous Upper Endoscopy
- ☐ Previous Lower Endoscopy
- ☐ X-Rays, CT, MRI, Labwork
- ☐ Other:

REASON FOR REFERRAL - LOWER GI SYMPTOMS

- ☐ Acute Diarrhea 2+ Weeks
- ☐ Change in Bowel Habits
- ☐ Chronic Constipation
- ☐ Chronic Diarrhea 1+ Month
- ☐ IBS Symptoms, No Alarm Features
- ☐ Rectal Bleeding *(Attach DRE Results)*
- ☐ Weight Loss
- ☐ Drop in Hemoglobin
- ☐ Iron Deficiency Anemia
- ☐ Positive FOBT / FIT
- ☐ Positive TTG
- ☐ Abnormal Diagnostic Imaging

CLINICAL CONSULTATION

- ☐ Urgent
- ☐ Semi-Urgent
- ☐ Non-Urgent

PATIENT HISTORY & CLINICAL INFORMATION

MEDICATIONS & ALLERGIES

REFERRING PHYSICIAN INFORMATION

Referring Physician Name

Office Address

Contact Phone

Contact Fax

Billing Number

Copy To

Referring Physician Signature