



Brampton Endoscopy Centre Referral Form

10886 Hurontario Street, Suite A7, Brampton, ONT L7A 3R9
TEL: 905-495-5200 FAX: 905-495-5210
Website: www.bramptonendoscopy.com
Email: yourhealth@bramptonendoscopy.com

REFERRING PHYSICIAN: NAME: _____ BILLING NUMBER: _____

PATIENT INFORMATION:

NAME: _____ M / F (Circle) Birth Date(M/D/Y) _____
(First) (Last)

ADDRESS: _____

OHIP NUMBER: _____ VERSION CODE _____

TELEPHONE NUMBER(S): HOME: _____ WORK: _____ CELL: _____

MEDICAL INFORMATION:

IS YOUR PATIENT ON ANY BLOOD THINNERS? (Please circle) COUMADIN (WARFARIN)/ASPIRIN/PLAVIX/TICLID
NAME & DOSE OF OTHER MEDICATIONS : _____

ALLERGIES (Please List): _____

DOES YOUR PATIENT HAVE ANY HISTORY OF THE FOLLOWING IN THE PAST 2 YEARS? (Please Circle)

ANGINA / MI, STENT, BYPASS, ARRHYTHMIAS, IMPLANTED ELECTRONIC PACEMAKER / ACD, STROKE,
DIABETES, ASTHMA, COPD, SLEEP APNEA, PREVIOUS SURGERY/ANESTHESIA.

PLEASE GIVE DETAILS: _____

(If your patient normally receives prophylactic antibiotics, e.g. for dental procedures, please note that current guidelines **do not** recommend the use of prophylactic antibiotics for gastroscopy and/or colonoscopy except in patients with complex congenital cardiac abnormalities or with mechanical heart valves. Such patients are better suited to a hospital setting.)

PRESENT COMPLAINT: _____

SERVICE REQUESTED: (PLEASE CIRCLE) GASTROSCOPY | COLONOSCOPY | BOTH

(Note: the procedure(s) can be done the day of consultation unless any contraindication exists. **See note at bottom**)

Signature of Referring Physician

PLEASE **FAX** TO THE BRAMPTON ENDOSCOPY CENTRE AT: **905-495-5210**
(ADDITIONAL REPORTS & RECORDS WOULD BE GREATLY APPRECIATED)

WE WILL CONTACT YOUR PATIENT DIRECTLY TO SETUP AN APPOINTMENT DATE AND TIME

THANK YOU FOR YOUR REFERRAL

PLEASE NOTE: PATIENTS MUST BE BETWEEN THE AGES OF 18 & 79 (Unless otherwise directed by a Physician) to be treated at Brampton Endoscopy centre. Patients falling into categories of ASA I and ASA II can safely undergo procedure(s) at this facility. Patients falling into category III will be booked for a consultation with one of the physicians to assess whether they are stable and suitable to undergo the procedure safely at our facility. Please provide your patients with printed instructions for preparation for procedure(s) and our cancellation policy. For these documents and information about our clinic including staff and details of ASA classification of patients **PLEASE VISIT OUR WEBSITE www.bramptonendoscopy.com**