BLUEWATER HEALTH

Oncology Colorectal Referral Form

Place Patient Label Here

Referral accepted by FAX
Please fax completed form to 519-383-8532
Bluewater Health Oncology 519.464.4400 Ext 5517

Name: ______________________________________

Date of Birth: ____________/________ / _________
DD MM Year

Gender: ☐ Female ☐ Male

Address: ___________________________________

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Referring Provider: ________________________________

Signature: ____

Phone: ____________________ Fax: __________________

Primary Health Care Provider: __________________________

(**It is the responsibility of the Ordering Healthcare Provider to review test results with patient before we contact them)**

Patient Aware of Pathology: ☐ Yes ☐ No

Referred to Medical Oncology: ☐ Yes ☐ No

Pertinent Health History:

☐ CAD / CHF ☐ COPD ☐ CVA/TIA ☐ Kidney Disease ☐ Diabetes ☐ Liver

☐ Anti-Coagulation ☐ Prosthetic Valve / Previous Endocarditis

☐ Other

History of Presenting illness/ Concern:

____

COLORECTAL DIAGNOSTIC ASSESSMENT PROGRAM

For positive fecal immunochemical tests (FIT) please refer to the FIT intake program.

☐ Yes ☐ No Abdominal examination performed

☐ Yes ☐ No P.R. examination performed

☐ Yes ☐ No A definite abdominal or palpable rectal (not pelvic) mass on PR examination

☐ Yes ☐ No Rectal bleeding with a change in bowel habit to looser stools and/or increased frequency of defecation – persistent for 6 weeks

☐ Yes ☐ No Iron deficiency anemia without an obvious cause (Hb <11 g/dl in men or > 10 g/dl in postmenopausal women plus low ferritin

☐ Yes ☐ No Rectal bleeding **without** anal symptoms (i.e. soreness, discomfort, itching, lumps and prolapsed as well as pain)

☐ Yes ☐ No Change in bowel habit to looser stools and/or increased frequency of defecation, **without** rectal bleeding- persistent for 6 weeks.

Recent colonoscopy: ☐ Yes ☐ No If yes, Date:________________ Location:____________________________

CONSULTATION

☐ **Referral for Endoscopist or Surgical Consultation** (Preferences will be given if consultation occurs within 14 days)

☐ First Available **OR** ☐ Dr. R. Kareemi ☐ Dr. R. Suryavanshi ☐ Dr. P. Taylor ☐ Dr. J. Springer
☐ Dr. C. Way ☐ D. Cornila ☐ Dr. Syan

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