



PATIENT REFERRAL FORM – FAX TO 416-638-5043

Name (First, Last): _____ Female Male
 Date of Birth (DD/MM/YYYY): _____
 Address: _____

 Street City Prov. Postal Code
 Health Card Number: _____ VC: _____
 Home Tel: _____ Work: _____ Cell: _____

CHECK THIS BOX IF URGENT (SEE IN LESS THAN 1 WEEK)

Reason for Referral (please check):

- Colonoscopy
 - Screening
Last colonoscopy: _____
 - FMHx Colon Cancer
Family member: _____
 - Rectal bleeding
 - FOBT + ___ out of ___
 - Diarrhea
 - Iron deficiency anemia (please check gastroscopy also)
- Gastroscopy
 - Epigastric pain
 - Dysphagia
 - Heartburn/GE reflux

Symptoms (please outline in detail): _____

Current Medications: _____

- ASA or Ticlid Coumadin (Warfarin) Dabigatran (Pradaxa) Insulin
- Clopidogrel (Plavix) Rivaroxaban (Xarelto) Apixaban (Eliquis) Iron

PLEASE REFER TO HOSPITAL BASED ENDOSCOPY IF ANY CRITERIA BELOW ARE MET

< 18 years of age or >75 years of age	Severe COPD and uses CPAP for sleep apnea with BMI > 35
Obesity class 3: BMI > 40	Chronic renal insufficiency (GFR < 45 or creatinine >150)
Cardiac related surgery within past 6 months or other surgeries within past 3 months	Advanced HIV/AIDS
Had a heart attack < 1 year ago, or cardiac stent < 6 mo.	Non-ambulatory patients
Possibly or Currently Pregnant	Decompensated Cirrhosis

Referring Doctor Information:

Referring Physician: _____ Billing Number: _____

Please print or use stamp if available

Tel: _____ Fax: _____



IMPORTANT - Please Read These Instructions at Least 2 Weeks Before Your Colonoscopy, and follow EXACTLY.

- No solid food on the day before and day of your procedure, until after the procedure is over.
- Buy your bowel preparation at least 5 days before your colonoscopy.
- **Designated Driver on the Day of Your Exam:** A responsible family member or friend **MUST** come with you to your colonoscopy and **REMAIN** in the endoscopy area until you are discharged! You are **NOT ALLOWED** to drive, take a taxi or bus, or leave the Endoscopy Centre **ALONE**. If you do not have a responsible driver (family member or friend) with you to take you home, your exam cannot be done with sedation and will be cancelled.
- **Some of the medicines you take may need to be stopped or adjusted before your colonoscopy. You MUST call the doctor who ordered any of the following medicines at least 2 weeks before your colonoscopy:** Blood thinners -- such as Coumadin® (warfarin), Plavix® (clopidogrel), Ticlid® (ticlopidine hydrochloride), Agrylin® (anagrelide), Xarelto® (Rivaroxaban), Pradaxa® (Dabigatran), and Effient® (Prasugrel).
- **Insulin or diabetes pills:** please call the doctor that monitors your glucose levels. Your insulin dosage may need to be adjusted due to the diet restrictions required with this bowel preparation. (Please bring your diabetes medicines with you on the day of your procedure.) If you take **aspirin**, take it and **ALL other medications** prescribed by your doctor. On the day of your colonoscopy, take your medications with a sip of water.
- A week before your colonoscopy, do **NOT eat** high-fiber foods -- such as popcorn, beans, seeds (flax, sunflower, quinoa), multigrain bread, nuts, salad/vegetables, or fresh and dried fruit.
- **Do NOT drink alcohol on the day before or the day of the procedure.**

How to Prepare for Your Colonoscopy Using Peglyte (or Colyte) – follow exactly or procedure WILL be cancelled

Do NOT take: medicines that stop diarrhea – such as Imodium®, Kaopectate®, or Pepto Bismol®, or fibre supplements -- such as Metamucil®, Citrucel®, or Perdiem®. or products that contain iron -- such as multi-vitamins -- (the label lists what is in the products). or vitamin E

Only drink clear liquids the ENTIRE DAY before your colonoscopy and day of your colonoscopy until AFTER your procedure. Do NOT eat any solid foods. Drink at least 8 ounces of clear liquids every hour after waking up. Clear liquids include: water, apple or white grape juice; broth; coffee or tea (without milk or creamer); clear carbonated beverages such as ginger ale or lemon-lime soda; Gatorade® or other sports drinks (not red or purple); Kool-Aid® or other flavored drinks (not red or purple). You may have plain jello or other gelatins (not red or purple) or popsicles (not red or purple).

STARTING ON THE DAY BEFORE YOUR COLONOSCOPY: _____

STEP 1. In the morning (day before your colonoscopy):

- **Mix the Peglyte solution. Do this by adding water (4 litres) up to the fill line marked on the Peglyte container. Mix thoroughly and put in the fridge to chill. DO NOT DRINK THIS YET.**

STEP 2. In the afternoon (day before your colonoscopy):

- **At 1PM, take 3 DULCOLAX tablets to help start the bowel cleansing process**

STEP 3. In the evening (day before your colonoscopy):

- **At 7PM (evening before procedure), begin drinking the Peglyte solution. Rapidly drink a glassful (8 ounces) every 10-15 minutes until you have finished 2 litres (half of the jug).**

STEP 4. In the morning (the day of your colonoscopy) - Remember, no solid food until AFTER your procedure:

- **About 5 hours before your colonoscopy (day of your procedure), begin drinking the remaining 2 litres of Peglyte solution. Rapidly drink a glassful (8 ounces) every 10-15 minutes until finished the remaining 2 litres.**

Make sure to complete your bowel prep such that you have finished drinking by three hours before your appointment. You are to have **NO FLUIDS** within three hours of your appointment. If you do, your procedure will likely be cancelled for the sake of your safety. The only exception to this is: If you take aspirin, take it and **ALL** other prescribed medicines with a sip of water on the day of your colonoscopy.