BLUEWATER HEALTH

## Oncology Colorectal Referral Form

Patient Label

**Referral accepted through OCEAN eReferral Network or FAX**
**Please fax completed form to 519-383-8532**
**Bluewater Health Oncology 519.464.4400 Ext 5517**

| | |
|---|---|
| Date of Birth : ________/________ / ________ (DD / MM / Year) | Referring Provider: ________________ |
| Gender: Female Male | Signature: ________________ |
| Address: ________________ | 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. A. Muhunthan D. Cornila Dr. Syan