GASTROENTEROLOGY NEW PATIENT REFERRAL FORM

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In order to process a referral, please supply all of the following records and fill out the form in its entirety.

□ OFFICE CONSULT **□ DIRECT ACCESS EGD** **□ DIRECT ACCESS COLONOSCOPY**

□ **DEMOGRAPHICS** (include contact information, social security number if available, and any release of information forms.)

□ **INSURANCE INFORMATION** (Please include copies of insurance cards, front and back)

□ **RECENT HISTORY AND PHYSICAL**

□ **LAST TWO OFFICE NOTES FROM REFERRING/PRIMARY PHYSICIAN**

□ **ANY PAST COLONOSCOPY REPORTS WITH PATHOLOGY**

□ **ANY PAST EGD REPORTS WITH PATHOLOGY** (Include any dilation reports, BRAVO pH or Impedance testing).

□ **IMAGING** (In the past year, please include CT scans, X-Rays, MRI, Ultrasounds pertaining to gastroenterology.)

□ **SURGERY-** Any prior gastrointestinal surgeries (Please include health system/Surgeon)

□ **TESTING** (ANY gastric emptying studies, anorectal or esophageal manometry, cookie swallows, esophogram, capsule endoscopy and any other testing related to the function of the gastrointestinal system.)

□ **LABS:** All labs drawn within the past **1year** – GI related (CBC, CMP, PT/INR Liver profile, Hepatitis, Stool, IBD, etc.) *ALSO ANY PROMETHEUS LABS THAT HAVE BEEN DONE FOR IBD PATIENTS*

□ **EMERGENCY ROOM REPORTS** (Within the past 6 months, related to this referral. I.E. abdominal pain, nausea/vomiting, diarrhea, swallowing difficulties, hematochezia, etc.)

□ **UPDATED MEDICATION LIST (**Including over-the-counter and herbal remedies).

***** Referrals that do not have all of the completed information will be delayed in processing until all records are received. Please fax records to (574) 537-9384.*****

Patient Name:_____**DOB:**_____**AGE:**_____

Reason for referral (with ICD-10 codes):_____

_____

Allergies:_____**Latex Allergies? YES or NO**

Interpreter needed? YES or NO Primary Language:_____ **Date of Referral:**_____

Referring Provider:_____ **Office Number:**_____

Office Fax:_____ **Form completed by:**_____