



ROYAL VICTORIA REGIONAL HEALTH CENTRE
 201 Georgian Drive, Barrie, Ontario L4M 6M2
 Phone: 705-728-9090 ext 46795
www.rvh.on.ca

FIT Positive Colonoscopy Referral Form

PATIENT INFORMATION			
Last, First Name		Gender <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> U	DOB d/m/y
Address		City/Province	Postal Code
Height (cm)		Weight (kg)	BMI
Date of FIT test:			
<input type="checkbox"/> Please confirm you have attached FIT results to this referral			
Has patient had a prior colonoscopy?		<input type="checkbox"/> No <input type="checkbox"/> Yes, attach copy	
Does patient have a history of colon polyps?		<input type="checkbox"/> No <input type="checkbox"/> Yes, attach copy	
Is patient symptomatic?		<input type="checkbox"/> No <input type="checkbox"/> Yes, attach copy	
Isolation issues (MRSA etc)		<input type="checkbox"/> No <input type="checkbox"/> Yes:	
Medical Conditions (check all that apply)		Medications (may attach list where appropriate)	
Angina/MI/Valvular Dx	<input type="checkbox"/>	Medication List:	
Arrhythmia/pacemaker/ICD	<input type="checkbox"/>		
TIA/CVA	<input type="checkbox"/>		
Sleep apnea	<input type="checkbox"/>	Allergies:	
Asthma/COPD	<input type="checkbox"/>		
Bleeding disorder	<input type="checkbox"/>		
Seizures/Epilepsy	<input type="checkbox"/>	Anticoagulants: <input type="checkbox"/> Coumadin <input type="checkbox"/> Plavix <input type="checkbox"/> Pardaxa <input type="checkbox"/> Xarelta <input type="checkbox"/> Other:	
Insulin dependent diabetes	<input type="checkbox"/>		
Renal impairment (Cr>150)	<input type="checkbox"/>	Antiplatelet:	
Chronic pain requiring opioids	<input type="checkbox"/>		
Morbid obesity (BMI >35)	<input type="checkbox"/>	Recent lab work: <input type="checkbox"/> attached	
Malignant Hypothermia	<input type="checkbox"/>		
Relevant patient history (may attach)			
REFERRING PROVIDER INFORMATION			
Please check that you have informed your patient about referral <input type="checkbox"/>			
Name	Phone	Fax	OHIP Billing #
Date		Signature	
Fax your completed form to 705-739-5657. Please ensure your patient is aware of referral. Patients will receive first available appointment at either RVH or Barrie Endoscopy, and will be contacted directly with appointment.			