

# GI ENDOSCOPY REFERRAL

## DIGESTIVE HEALTH SPECIALISTS

Serving Patients in: Tacoma, Gig Harbor, Puyallup, Sunrsie  
Federal Way, Auburn, Covington

### Scheduling:

<b>Tacoma</b>	Phone: 253-272-5127	Fax: 253-272-0811
<b>Gig Harbor</b>	Phone: 253-858-0112	Fax: 253-858-6818
<b>Federal Way/Auburn</b>	Phone: 253-838-9839	Fax: 253-661-9077
<b>Covington</b>	Phone: 253-639-9660	Fax: 253-372-7072
<b>Puyallup/Sunrise</b>	Phone: 253-841-3933	Fax: 253-848-7970

Referral to: \_\_\_\_\_Any DHS gastroenterologist

____ Dr Alabaster	____ Dr Leung
____ Dr Agrawal	____ Dr Manam
____ Dr Brown	____ Dr Mergener
____ Dr Donner	____ Dr Moussan
____ Dr Hassig	____ Dr Ojeaburu
____ Dr Holderman	____ Dr Rezaie
____ Dr Huang	____ Dr Schwartz
____ Dr Hurst	____ Dr Sugar
____ Dr Jain	____ Dr Taubman
____ Dr Katsman	
____ Dr Lee	

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Referring Provider: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_

### Please indicate if patient is (in your opinion) medically cleared for:

Procedure	yes _____ no _____	
Conscious sedation	yes _____ no _____	N/A _____
Colon prep (Golytely)	yes _____ no _____	N/A _____

Please fax or send any records or results you would like the endoscopist to have.

### \_\_\_\_ Consultation

Indication/Diagnosis/Problem: \_\_\_\_\_

### \_\_\_\_ Upper Endoscopy

(Circle all that apply)

#### Comments:

1. Upper abdominal pain not responding to treatment/medication
2. Upper abdominal pain with: (circle all that apply)
  - a. weight loss
  - b. anemia
  - c. heme+ stools
  - d. melena
  - e. history of ulcer
  - f. ASA or NSAID use
  - g. other: \_\_\_\_\_
3. GERD symptoms (heartburn or regurgitation) (circle all that apply)
  - a. Refractory to treatment
  - b. R/O complications (stricture, ulcer, Barrett's esophagus)
4. Dysphagia
5. Barrett's esophagus surveillance
6. Other: \_\_\_\_\_

### \_\_\_\_ Colonoscopy

(Circle all that apply)

#### Comments:

1. Colon cancer screening age >50
2. Personal history of colon cancer or polyps
3. Heme+ stools
4. Iron deficiency anemia (unexplained)
5. Rectal bleeding (suspected to be from source above the rectum)
6. First degree relative with colon CA or polyps (onset under age 60)
7. Two or more first degree relatives with colon CA or polyps (at any age)
8. Chronic diarrhea, undetermined cause
9. Other: \_\_\_\_\_

### Appointment Scheduled for:

Date: \_\_\_\_\_