



# The Toronto GI Clinic

## Patient Referral Form

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North York, ON M2J 2Z1

[www.torontogiclinic.com](http://www.torontogiclinic.com)  
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F: 416-489-8053  
E: [tgclinic@gmail.com](mailto:tgclinic@gmail.com)

- Request Specific MD:**
- |  |   |
|--|---|
| <input type="checkbox"/> Dr Michael Schiff | <input type="checkbox"/> Dr Marina Khatchatourian |
| <input type="checkbox"/> Dr Stacey Shapira | <input type="checkbox"/> General Surgery          |
| <input type="checkbox"/> First Available   | <input type="checkbox"/> Gastroenterology         |

### Patient Information (Can Place Label)

Last Name:	First Name:
DOB (YYYY/MM/DD):	Gender (please circle):      Male      Female
Health Card:	Address:
Email:	
Primary Phone:	Secondary Phone:

### Referring Physician

Name:	Physician Address or Stamp:
Billing Number:	
Phone:	
Fax:	
Email:	

### Reason for Referral: Urgent Referral

### Type of referral and/or procedure:      Consult Only      Consult + Procedure      Procedure Only

- Urea Breath Test       No Scalpel Vasectomy       Botox for Anal Fissure       Lumps and Bumps Surgery

#### Anorectal:

- Anorectal Bleeding       Anusitis       Fissure       Fistula       Hemorrhoid  
 Other: \_\_\_\_\_

#### Gastroscopy:

- Abdominal Pain       Melena  
 Anemia       Nausea / Vomiting  
 Bloating / Gas       Weight Loss  
 Dysphagia       Other: \_\_\_\_\_  
 Heartburn / Reflux

#### Colonoscopy:

- Abdominal Pain       Positive FOBT / FIT  
 Anemia       Rectal bleeding  
 Constipation       Screening / Surveillance  
 Diarrhea       Weight Loss  
 FHx Colorectal       Other: \_\_\_\_\_  
Cancer / Polyp

### Medical History:

- Asthma / COPD       Obesity (BMI ≥ 35)  
 Bleeding Disorder       Pacemaker  
 Cardiac Disease       Sleep Apnea  
 Diabetes Mellitus       Other: \_\_\_\_\_  
 Hypertension

### Medications:

- Anticoagulation: \_\_\_\_\_  
 ASA / NSAIDs  
 Insulin / Oral hypoglycemics

**PLEASE REFER TO HOSPITAL ENDOSCOPY IF ANY FOLLOWING CRITERIA ARE MET: AGE < 16, AGE > 85, PREGNANCY, BMI ≥ 45, UNSTABLE HEART DISEASE, SEVERE COPD ON HOME O2, SEVERE LIVER DISEASE, SEVERE KIDNEY DISEASE**

### Allergies:

**Thank you for your referral.**