## CAPSULE ENDOSCOPY REFERRAL FORM

**South Health Campus, GI/Hepatology Clinic**
4448 Front St. SE, Calgary, AB T3M 1M4
Tel: (403) 956-3804  Fax: (403) 956-3838

### PATIENT LABEL

<table>
<thead>
<tr>
<th>NAME</th>
<th>DOB</th>
<th>PHN</th>
<th>RHN</th>
<th>PHONE</th>
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### REFERRING PHYSICIAN

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>PHONE</th>
<th>FAX</th>
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### FAMILY PHYSICIAN

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### PATIENT LOCATION

- □ OUTPATIENT
- □ INPATIENT

### LOCATION

<table>
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<tr>
<th>EXPECTED DATE OF D/C</th>
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### PRIMARY GI

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<th>INDICATION</th>
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### OBSCURE GI BLEEDING

- □ OVERT GI BLEEDING
  - DATE OF LAST EPISODE
  - □ PRBC TRANSFUSED ON

- □ OCCULT GI BLEEDING/IRON DEFICIENCY ANEMIA
  - □ UBT/GASTRIC BX NEGATIVE
  - □ CELIAC SEROLOGY/DUODENAL BX NEGATIVE
  - □ EGD/COLONOSCOPY WITHIN 2 YEARS
  - □ IRON SUPPLEMENTATION  [□ ORAL □ IV]

### CROHN’S DISEASE

- □ SUSPECTED CROHN’S DISEASE
  - □ SYMPTOMS
  - □ OBJECTIVE FINDINGS
  - □ SB C/S IMAGING

- □ CROHN’S DISEASE/IBD
  - □ ASSESS FOR SMALL BOWEL INVOLVEMENT
  - □ ASSESS FOR EFFECTIVENESS OF TX

### REFRACTORY CELIAC DISEASE

- □ tTG NEGATIVE
- □ EGD < 6 MONTHS NEGATIVE
- □ SYMPTOMS

### POLYPOSIS

- □ FAP
- □ HAMARTOMATOUS POLYPOSIS
- □ OTHER

### ABNORMAL SMALL BOWEL IMAGING

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<th>OTHER</th>
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### SPECIAL CONSIDERATIONS (CHECK ALL THAT APPLY)

- □ IMPLANTABLE CARDIAC DEVICE
- □ DYSPHAGIA
- □ ZENKER’S DIVERTICULUM
- □ ESOPHAGEAL STRicture
- □ PREGNANCY
- □ KNOWN GASTOPARESIS
- □ IMPAIRED SWALLOWING (i.e. PEDIATRIC)
- □ OTHER

### INCREASED RISK FOR CAPSULE RETENTION (CONSIDER PATENCY CAPSULE TEST)

- □ PRIOR SBO
- □ STRICTURES
- □ ABNORMAL SB IMAGING
- □ LONG-TERM HIGH-DOSE NSAIDS
- □ ADHESIONS
- □ SUGGESTIVE SYMPTOMS

### ADDITIONAL INFORMATION

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### FAX COMPLETED FORM TO (403) 956-3838

INCOMPLETE REFERRALS MAY RESULT IN DELAY PROCESSING

PLEASE INCLUDE: BLOODWORK, REPORTS FOR ENDOSCOPY, PATH & DI, CONSULT & D/C SUMMARIES IF NOT AVAILABLE IN NETCARE

REFERRALS ARE ACCEPTED BY GASTROENTEROLOGY ONLY

REFERRALS ARE ASSESSED FOR APPROPRIATENESS AND TRIAGED ACCORDING TO URGENCY

REFERRING PHYSICIAN REMAINS RESPONSIBLE FOR CASE MANAGEMENT AFTER CAPSULE ENDOSCOPY

PATIENT WILL BE CONTACTED BY CAPSULE ENDOSCOPY OFFICE WITH APPOINTMENT IF APPROVED