PACIFIC GASTROENTEROLOGY ASSOCIATES REFERRAL FORM

Fax Completed Form to: 604-689-2004

Date of Referral: 06/10/2026

Patient Information	**Referring Provider**
Patient First and Last Name: Jane A. Smith	Provider Name: Dr. Robert Brown
Patient Full Address: 456 Oak Avenue, Vancouver, BC,	MSP#: 12345
Patient PHN#: 9876 543 210	Clinic Name: City Central Medical Clinic
Date of Birth: 07/22/1995	Clinic Address:
Gender: Female	Clinic Phone: (604) 555-0145
Home Phone:	Clinic Fax: (604) 555-0146
Cell Phone:	Referral Desk #:
Other Phone:	**GP Name (if not referring physician):**

Next Available	**Prior visit to a Gastroenterologist?**	**Language & Alerts**
☑ **Refer to the next available specialist**	☐ Yes	☐ English ☐ yes ☐ no
Prefers to see:	☑ No	☐ Other Language:
(1st choice of specialist not guaranteed	*Please attach reports*	☐ VRE positive

REASON FOR REFERRAL

Category A

- ☐ High likelihood of cancer based on imaging or physical exam
- ☑ Active Inflammatory Bowel Disease (IBD) - new dx or flare-up
- ☐ Progressive dysphagia or odynophagia
- ☐ Jaundice

Category B

- ☐ Rectal bleeding
- ☐ Iron deficiency anemia
- ☐ Celiac disease
- ☐ Positive FIT
- ☐ Stable dysphagia
- ☐ Severe GERD/dyspepsia
- ☑ Severe abdominal pain
- ☑ New change in bowel habits
- ☐ Viral hepatitis

Category C

- ☐ Inflammatory Bowel Disease (IBD) stable
- ☐ Irritable Bowel Syndrome (IBS)
- ☐ Chronic GERD/dyspepsia
- ☑ Chronic constipation/diarrhea
- ☑ Chronic abdominal pain
- ☐ Pancreatitis
- ☐ Surveillance of prior adenomas/colon cancer
- ☐ Screening for cancer
- ☐ Screening for Barrett's esophagus
- ☐ Abnormal liver enzymes/cirrhosis
- ☐ Other liver disease
- ☐ Other:

Additional Information/Special Instructions:

Urgency: Semi-Urgent (To be seen within 2-4 weeks).
Reason for Referral: Chronic abdominal pain, unintentional weight loss. Suspected Inflammatory Bowel Disease.
Procedure Requested: Colonoscopy.
Clinical History: 31 y/o female with a 6-month history of cramping lower abdominal pain and intermittent rectal bleed

Please attach the following:

- ☐ Past medical history
- ☐ Current medications
- ☐ Procedure and pathology reports
- ☐ Bloodwork, microbiology, diagnostic imaging, consultant letter(s).