

## Humboldt County Referral Form – Specialty Guidelines

### ST. JOSEPH HEALTH – GASTROENTEROLOGY

V11.12.18

- **Please ask your patient to contact us within 10-14 business days after sending the referral, to schedule the appointment.**
- **REASON FOR REFERRAL must be clearly indicated.**
- **Please indicate if patient has been treated by another gastroenterologist or general surgeon.**
- **Every referral requires: Current medication list, all medications tried and failed for specific diagnosis, current allergy list, current legible insurance, current demographics, last progress note, social history, family history.**
- **Stool test include: Ova and parasites, stool culture, fecal leukocyte stain, FOBT, C-Diff, giardia and cryptosporidium, and WBC.**

Reason for Referral (Clinical Question)	“Required” Clinical Testing & Documentation	“Preferred” Additional Clinical Testing & Documentation
<b>ABDOMINAL PAIN</b>	<ul style="list-style-type: none"> <li>● Abdominal ultrasound/CAT, CBC, CMP, any GI procedures or notes</li> </ul>	
<b>BARRETTS</b>	<ul style="list-style-type: none"> <li>● Last EGD/pathology and any previous EGD/pathology</li> </ul>	
<b>COLON CA SCREEN</b>	<ul style="list-style-type: none"> <li>● Last colonoscopy/pathology, history of obstructive sleep apnea, if available.</li> <li>● All previous colonoscopies or path if available.</li> </ul>	CBC, CMP if done in the last year
<b>CROHN'S and Ulcerative Colitis</b>	<ul style="list-style-type: none"> <li>● Stool test, CBC, CMP, calprotectin, last colonoscopy/pathology, last CT, any GI procedures or hospital notes</li> </ul>	
<b>DIARRHEA</b>	<ul style="list-style-type: none"> <li>● Stool test, CBC, CMP. All previous EGD/path if available</li> </ul>	
<b>DYSPHAGIA</b>	<ul style="list-style-type: none"> <li>● Past EGD/pathology/dilatations, CBC, CMP, esophagram. All EGD, path, dilatations, if available.</li> </ul>	
<b>EGD</b>	<ul style="list-style-type: none"> <li>● Last EGD/Pathology, CBC, CMP. All EGD, path, if available</li> </ul>	
<b>GERD</b>	<ul style="list-style-type: none"> <li>● All medications tried and failed, past EGD and pathology</li> </ul>	
<b>LEFT LOWER QUADRANT PAIN</b>	<ul style="list-style-type: none"> <li>● CBC, CMP</li> <li>● CT, abdominal ultrasound (confirm with specialist)</li> </ul>	CT, abdominal ultrasound
<b>LEFT UPPER QUADRANT PAIN</b>	<ul style="list-style-type: none"> <li>● CBC, CMP, any previous colonoscopies</li> <li>● Abdominal US/CT, gyn evaluation (confirm with specialist)</li> </ul>	Abdominal US, CT, gyn evaluation
<b>RECTAL BLEED/BRIGHT RED BLOOD PER RECTUM</b>	<ul style="list-style-type: none"> <li>● Rectal exam, anoscopy, CBC, CMP, CRP, any previous colonoscopies</li> </ul>	
<b>RIGHT LOWER QUADRANT PAIN</b>	<ul style="list-style-type: none"> <li>● CBC, CMP, any previous colonoscopies</li> <li>● Abdominal ultrasound, CT, gyn eval (confirm with specialist)</li> </ul>	Abdominal ultrasound, CT, gyn evaluation
<b>RIGHT UPPER QUADRANT PAIN</b>	<ul style="list-style-type: none"> <li>● Abdominal us, CBC, CMP any previous colonoscopies, EGDs or pathology</li> <li>● CT (confirm with specialist)</li> </ul>	CT
<b>ULCERATIVE COLITIS</b>	<ul style="list-style-type: none"> <li>● Stool test, CBC, CMP, CRP or Sed rate, last colonoscopy/pathology, last CT any GI procedures or notes.</li> <li>● Any previous colonoscopies or path</li> </ul>	