

## Humboldt County Referral Form – Specialty Guidelines

### ST. JOSEPH HEALTH – GASTROENTEROLOGY

- 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
ABDOMINAL PAIN	<ul style="list-style-type: none"> <li>• Abdominal ultrasound/CAT, CBC, CMP, any GI procedures or notes</li> </ul>	
BARRETT'S	<ul style="list-style-type: none"> <li>• Last EGD/pathology and any previous EGD/pathology</li> </ul>	
COLON CA SCREEN	<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
CONSTIPATION	<ul style="list-style-type: none"> <li>• Rectal exam, stool test, documented long term laxative trial and failure (i.e. Linzess, Amitiza, Lactulose, miraLAX)</li> </ul>	
CROHN'S and Ulcerative Colitis	<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>	
DIARRHEA	<ul style="list-style-type: none"> <li>• Stool test, CBC, CMP. All previous EGD/path if available</li> </ul>	
DYSPHAGIA	<ul style="list-style-type: none"> <li>• Past EGD/pathology/dilatations, CBC, CMP, esophagram. All EGD, path, dilatations, if available.</li> </ul>	
EGD	<ul style="list-style-type: none"> <li>• Last EGD/Pathology, CBC, CMP. All EGD, path, if available</li> </ul>	
GERD	<ul style="list-style-type: none"> <li>• All medications tried and failed, past EGD and pathology</li> </ul>	
LEFT LOWER QUADRANT PAIN	<ul style="list-style-type: none"> <li>• CBC, CMP</li> <li>• CT, abdominal ultrasound (confirm with specialist)</li> </ul>	CT, abdominal ultrasound
LEFT UPPER QUADRANT PAIN	<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
RECTAL BLEED/BRIGHT RED BLOOD PER RECTUM	<ul style="list-style-type: none"> <li>• Rectal exam, anoscopy, CBC, CMP, CRP, any previous colonoscopies</li> </ul>	
RIGHT LOWER QUADRANT PAIN	<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
RIGHT UPPER QUADRANT PAIN	<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
ULCERATIVE COLITIS	<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>	