

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"> • Abdominal ultrasound/CAT, CBC, CMP, any GI procedures or notes 	
BARRETTS	<ul style="list-style-type: none"> • Last EGD/pathology and any previous EGD/pathology 	
COLON CA SCREEN	<ul style="list-style-type: none"> • Last colonoscopy/pathology, history of obstructive sleep apnea, if available. • All previous colonoscopies or path if available. • Kajdos requires CBC and CMP, done in last year 	
CROHN’S DISEASE	<ul style="list-style-type: none"> • Stool test, CBC, CMP, calprotectin, last colonoscopy/pathology, last CT, any GI procedures or hospital notes 	
DIARRHEA	<ul style="list-style-type: none"> • Stool test, CBC, CMP. All previous EGD/path if available 	
DYSPHAGIA	<ul style="list-style-type: none"> • Past EGD/pathology/dilatations, CBC, CMP, esophagram. All EGD, path, dilatations, if available. 	
EGD	<ul style="list-style-type: none"> • Last EGD/Pathology, CBC, CMP. All EGD, path, if available 	
GERD	<ul style="list-style-type: none"> • All medications tried and failed, past EGD and pathology 	
LEFT LOWER QUADRANT PAIN	<ul style="list-style-type: none"> • CBC, CMP • CT, abdominal ultrasound (confirm with specialist) 	CT, abdominal ultrasound
LEFT UPPER QUADRANT PAIN	<ul style="list-style-type: none"> • CBC, CMP, any previous colonoscopies • Abdominal US/CT, gyn evaluation (confirm with specialist) 	Abdominal US, CT, gyn evaluation
RECTAL BLEED/BRIGHT RED BLOOD PER RECTUM	<ul style="list-style-type: none"> • Rectal exam, anoscopy, CBC, CMP, CRP, any previous colonoscopies 	
RIGHT LOWER QUADRANT PAIN	<ul style="list-style-type: none"> • CBC, CMP, any previous colonoscopies • Abdominal ultrasound, CT, gyn eval (confirm with specialist) 	Abdominal ultrasound, CT, gyn evaluation
RIGHT UPPER QUADRANT PAIN	<ul style="list-style-type: none"> • Abdominal us, CBC, CMP any previous colonoscopies, EGDs or pathology • CT (confirm with specialist) 	CT
ULCERATIVE COLITIS	<ul style="list-style-type: none"> • Stool test, CBC, CMP, CRP or Sed rate, any GI procedures or notes. • Any previous colonoscopies or pathology 	