

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 	
Anemia	<ul style="list-style-type: none"> • CBC 	
BARRETTS	<ul style="list-style-type: none"> • Last EGD/pathology 	
COLON CA SCREEN	<ul style="list-style-type: none"> • Any Labs in last 6 months (CBC, CMP, stool sample) • Kajdos requires CBC & CMB done in last year 	Last colo/path, hx of obstruction, sleep apnea if available. FIT test
CROHN’S DISEASE	<ul style="list-style-type: none"> • Stool test, CBC, CMP, last colonoscopy/pathology, last CT, any GI procedures or hospital notes 	
DIARRHEA	<ul style="list-style-type: none"> • Stool test, CBC, CMP. 	Any previous EGD/pathology
DYSPHAGIA	<ul style="list-style-type: none"> • Reason for referral 	
EGD	<ul style="list-style-type: none"> • Reason for referral 	
GERD	<ul style="list-style-type: none"> • All medications tried and failed, past EGD and pathology 	
IBS/IBD	<ul style="list-style-type: none"> • Stool test, CBC, CMP 	Any previous EGD/pathology
LEFT LOWER QUADRANT PAIN	<ul style="list-style-type: none"> • CBC, CMP 	CT, abdominal ultrasound
LEFT UPPER QUADRANT PAIN	<ul style="list-style-type: none"> • CBC, CMP 	Any previous colonoscopies, abdominal US, CT, gyn evaluation
RECTAL BLEED/BRIGHT RED BLOOD PER RECTUM	<ul style="list-style-type: none"> • Rectal exam, stool test 	Anoscopy, CBC, CMP, CRp, any previous colonoscopy
RIGHT LOWER QUADRANT PAIN	<ul style="list-style-type: none"> • CBC, CMP, any previous colonoscopies 	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
ULCERATIVE COLITIS	<ul style="list-style-type: none"> • Stool test, CBC, CMP, CRP or Sed rate, any previous GI procedures/pathology or notes. 	