

Humboldt County Referral Form – Specialty Guidelines

ST. JOSEPH HEALTH – GASTROENTEROLOGY

V3.13.24

- Please ask your patient to contact us in one week to schedule the appointment.
- We do not see patients for the following diagnoses: Hernias, hemorrhoids, fissures, colostomy/ileostomy, proctoscopy, anascopy, gastromy, feeding tubes, HVPG test, liver related diagnoses, IBS/IBD, incl Chron’s disease and ulcerative colitis).
- Every referral requires: CBC and CMP within last 6 mos, Current medication list, all medications tried and failed, last progress note, social history, family history.
- Fax to: 707-442-5095

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, any GI procedures or notes 	
BARRETTS or GERD	<ul style="list-style-type: none"> • Last EGD/pathology and any previous EGD/pathology 	
COLON CA SCREEN (colonoscopy)	<ul style="list-style-type: none"> • Family history AND • FIT/Cologuard and/or • All previous colonoscopies or path 	
DIARRHEA	<ul style="list-style-type: none"> • Stool culture/giardia/ova & parasite and/or • Occult blood stool 	WBC and/or celiac test, Calprotectin
ERCP		Imaging (MRCP)
MOTILITY STUDIES AND CAPSULES	<ul style="list-style-type: none"> • Chart note with mention of study and reason 	
RECTAL BLEED/BRIGHT RED BLOOK PER RECTUM	<ul style="list-style-type: none"> • Rectal exam • Stool sample/test included 	
LOWER QUADRANT PAIN	<ul style="list-style-type: none"> • Abdominal ultrasound 	Gyn eval
UPPER QUADRANT PAIN	<ul style="list-style-type: none"> • Abdominal US 	Any previous colonoscopies, EGDs or pathology