



Religious Hospitallers  
of Saint Joseph  
of the Hotel Dieu of Kingston  
**HOTEL DIEU HOSPITAL**

Telephone: 613-544-3400 Ext. 3490

**Referring Physician**

**Date of Referral**

**Provider#**

**Patient Name**

**DOB (yyyy/mm/dd)**

**Healthcard #**

**Version code**

**Phone #**

**Address**

**Family Physician**

**Patient aware of referral?**

YES  NO

## Clinical Information

Presumed Diagnosis

*Please note that for all advanced procedures (POEM, POET, ESD, ARMs) patients must be seen in clinic and can not be referred directly to endoscopy.*

**Additional details**

**Presumed Diagnosis based on** (include reports/images with referral)

- Gastroscopy  Barium Esophagram
- Colonoscopy  Esophageal Manometry
- Ultrasound  24-hour Esophageal pH  Other
- CT/MRI scan  Biopsy
- EUS

For **esophageal** motility disorders with chest pain, has the patient had cardiac disease ruled out?  YES  NO

- Stress test  Echocardiogram
- Nuclear Scan  Angiography
- EKG  Seen by cardiology

## Past Medical History

**NO COMORBIDITIES**

- CAD  Smoker
- Atrial Fibrillation  Diabetes (NIDDM)
- Valvular cardiac Dz  Diabetes (IDDM)  Antiplatelets
- Stroke  Dyslipidemia  Anticoagulants
- Glaucoma  Emphysema/other severe pulmonary disease

**Surgical History**

## Medications

None

Please enter



## Allergies

YES  NO

<b>Drug/substance</b>	<input type="text"/>	<b>Reaction</b>	<input type="text"/>
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**FAX TO CLINIC-613-544-3114**