



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

| | | | |
|-----------------------|----------------------|-----------------|----------------------|
| Drug/substance | <input type="text"/> | Reaction | <input type="text"/> |
| Drug/substance | <input type="text"/> | Reaction | <input type="text"/> |
| Drug/substance | <input type="text"/> | Reaction | <input type="text"/> |

FAX TO CLINIC-613-549-8386