

## FIT/Expedited Colonoscopy Referral Form Diagnostic Assessment Program

Phone: 416-480-6163 Fax: 416-480-4403  
colonscopy.dap@sunnybrook.ca

PATIENT IDENTIFICATION

Referral Date (YYYY/MM/DD): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### PATIENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

OHIP card: \_\_\_\_\_ Preferred Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

### PHYSICIAN INFORMATION

Referring Physician: \_\_\_\_\_ OHIP billing #: \_\_\_\_\_

Bus. Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

#### REFERRAL FOR FIT+ patients

FIT+

Your patient will receive a colonoscopy within 8 weeks and you will receive a faxed report on the day of the colonoscopy.

#### REFERRAL FOR EXPEDITED COLONOSCOPY (for suspicion of colorectal cancer)

Palpable rectal mass

Abnormal imaging

Rectal bleeding (with absence of perianal symptoms) **AND** 1 or more of the following:

Unexplained weight loss

First degree family history of colorectal cancer

Change in bowel habits

Palpable abdominal mass

Unexplained iron-deficiency anemia (Males: Hb  $\leq$  110 g/L, Post-menopausal females: Hb  $\leq$  100 g/L)

Your patient will receive a colonoscopy within 2-3 weeks and you will receive a faxed report on the day of the colonoscopy.

#### MEDICAL HISTORY AND/OR OTHER PERTINENT INFORMATION

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#### NOTE: THIS IS AN EXPEDITED PROGRAM

Please ensure your patient will attend the appointments to be scheduled within the next 1-2 months following receipt of referral. Inappropriate referrals will be sent back to the referring physician. Your patient will be contacted within 1-2 business days following receipt of referral