

RAPID ACCESS CLINIC FOR ENDOSCOPY

- ☐ Dr. S Ainslie ☐ Dr. A Taves ☐ Dr. K Langer
☐ Dr. H Hwang ☐ Dr. J Demetrick ☐ Dr. K Wiseman

**ON CALL SURGEON MUST BE CALLED
FOR ALL REFERRALS 250-545-2211**

Please fax completed form to ☐ 250-545-8212 General Surgery Clinic
☐ 250-545-2781 Dr. H Hwang

REFERRING PHYSICIAN INFORMATION

Name	Physician MSP Number	Phone	Fax
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PATIENT INFORMATION

Last Name, First Name	PHN	Day Time Phone	Date of Birth
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INDICATION FOR GASTROSCOPY		INDICATION FOR COLONOSCOPY		INDICATION FOR GASTROSCOPY AND/OR COLONOSCOPY	
<input type="checkbox"/> Dysphagia or odynophagia	Any age	<input type="checkbox"/> FIT+	Age < 50 or 75–85	<input type="checkbox"/> Chronic GI bleeding	Any age
<input type="checkbox"/> GI bleeding	Any age	<input type="checkbox"/> Positive barium enema or CT colonography	Age 75–85	<input type="checkbox"/> Iron def anemia with Hb < 110	Any age
<input type="checkbox"/> Recurrent vomiting	Any age	<input type="checkbox"/> Loose stool and rectal bleeding	Age 40 +	<input type="checkbox"/> Unintentional weight loss	Any age
<input type="checkbox"/> History of Barrett's with change in symptoms	Any age	<input type="checkbox"/> Loose stool without rectal bleeding > 6 wk	Age 60 +	<input type="checkbox"/> Suspicious imaging study	Any age
<input type="checkbox"/> Abdominal mass	Any age	<input type="checkbox"/> Persistent rectal bleeding > 6 wk	Age 60 +	<input type="checkbox"/> Other	
<input type="checkbox"/> Other	Any age	<input type="checkbox"/> Palpable rectal mass	Any age		

MEDICAL INFORMATION

Exclusions for RACE clinic (please call on call surgeon to discuss case): <input type="checkbox"/> Age under 16 <input type="checkbox"/> Anticoagulated (medication): _____ <input type="checkbox"/> On home oxygen <input type="checkbox"/> Unable to tolerate bowel prep <input type="checkbox"/> Severe frailty (could not withstand a general anesthetic) <input type="checkbox"/> Pacemaker or ICD <input type="checkbox"/> Diabetes on insulin <input type="checkbox"/> Valvular heart disease <input type="checkbox"/> Coronary stent placement within last 12 months <input type="checkbox"/> Severe cardio-respiratory disease <input type="checkbox"/> Hemodynamically unstable <input type="checkbox"/> Confirmed ARO (MRSA, VRE, ESBL, etc)	Medications: Please provide a full list or pharmanet
	Past medical history (list significant conditions)
	Allergies
	Previous surgeries

Please attach relevant lab work, imaging reports and previous endoscopy reports if available

NB: The objective of the RACE clinic is to expedite endoscopy with direct-to-procedure booking with the first available endoscopist. The attending endoscopist will assume care of the patient for the purposes of follow-up regardless who was originally contacted. If the patient is not deemed appropriate for the RACE clinic, they will be booked for an office appointment