Pinnacle General Surgery Clinic
3401 31st Ave, Vernon BC, V1T 2H6 ¦ Phone: 250-545-6443 ¦ Fax: 250-545-8212

Anorectal Clinic Referral Form

Patient Demographics
First Name:
Last Name:
Health Care Number:
DOB (DD/MM/YYYY):
Phone Number:
Email:
Address:

Referring Provider Information
Provider Name:
MSP Number:
Phone:
Fax:

Reason for Referral (check all that apply)		
☐ Internal Hemorrhoids	☐ External Hemorrhoids	☐ Anal Skin Tag
☐ Pilonidal Sinus	☐ Perianal Itchiness / Pruritis Ani	☐ Fecal Incontinence
☐ Other: _____	☐ Anal Fissure	

History of Presenting Illness	Medications
	Isthepatienton blood thinners? ☐ Yes ☐ No
	List other medications:

Relevant Medical History	Previous Colonoscopy
	Previous Colonoscopy? ☐ Yes ☐ No
	If Yes, Date of last scope:
	Attachpreviouscolonoscopyreport if applicable

Referring Provider Signature & Date	
Signature:	Date: _____

Please attach any relevant labs, imaging, or consultation notes.