Hamilton Health Sciences

PROCEDURE REFERRAL FOR

- **Esophageal Manometry**
- **24 hr pH Monitoring** • **24 hr pH Impedance**
- **Anorectal Manometry** • **Anorectal Biofeedback**

Patient's Last Name	First Name	
Address – Street	City	Postal Code
Telephone: ( )	Ext.	
Cell Phone: ( )		
Date of Birth (yyyy/mm/dd)	Age	Gender ☐ M ☐ F
HIN	Family Physician	

DATE: (yyyy/mm/dd) ____________________

REFERRING PHYSICIAN:

Printed Name ____________________________________

Signature ____ OHIP Billing Number __________ Fax: ______________________

ADDRESS: ____ Phone: ____________________ (ext) __________

PROCEDURE REQUESTED (A, B, C, D, E – Check all applicable)

A) ☐ **Esophageal Manometry** **B)** ☐ **24 hour pH Monitoring** **C)** ☐ **24 hour pH Impedance**

Primary reason for Referral:

☐ Dysphagia/Odnophagia ☐ Proven GERD poor Rx Response ☐ Atypical GERD

☐ Pre-Fundoplication ☐ Post- Fundoplication Sx → ☐ Respiratory **or** ☐ Glob

☐ Non Cardiac Chest Pain ☐ Other ____

Do you want test to be performed: ☐ On treatment **or** ☐ Off treatment

To be tested: ☐ PPI's → on *(drug name)* ______________________________________

☐ H2-RA → on *(drug name)* ______________________________________

☐ Prokinetics → on (drug name) ______________________________________

D) ☐ **Anorectal Manometry**

Primary reason for Referral:

☐ Fecal Incontinence

☐ Constipation

☐ Rectal Pain

☐ Other ______________________________

E) ☐ **Anorectal Biofeedback**

Primary reason for Referral:

☐ Soiling ☐ Anismus ☐ Encopresis

☐ Other ______________________________

Note: Biofeedback will **ONLY** be booked if anorectal manometry is abnormal. *(Patient **must be notified** of anorectal manometry results by referring physician)*

PAST RELEVANT MEDICAL HISTORY: ____

____

____

____

✳✳✳ **Please fax results from any of the above tests which have already been done, with this referral** ✳✳✳

Current Medication List: ☐ Faxed with Referral **Current Allergy List:** ☐ Faxed with Referral

Please fax legibly completed form and accompanying documentation, to 905-526-0594
Incomplete referrals WILL NOT BE PROCESSED
If you require any clarification, please contact the Motility Lab at 905-521-2100 X – 76691