



**Wireless Capsule
Endoscopy (WCE) Referral
- Digestive Diseases Program**

DATE (yyyy/mm/dd) _____

REFERRING PHYSICIAN:

Printed Name _____

Signature _____

ADDRESS: _____

Phone: _____ (ext) _____ Fax: _____

OHIP Billing Number _____

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

WCE is funded only to investigate obscure gastrointestinal tract blood loss (OGIB) (i.e. anemia or bleeding, attributed to a GI lesion, not identified on appropriate tests)

Date OGIB was first identified? (yyyy/mm/dd) _____ **Patient's Height:** _____ cm **Weight:** _____ kg

Patient Location: Outpatient Inpatient (location) _____

Expected Discharge Date (yyyy/mm/dd) _____

Primary GI _____

Has there been: Overt GI Bleeding: No Yes Has a transfusion been needed? No Yes

Positive FOBT: No Yes Most recent Hgb: _____ g/L Date _____ (yyyy/mm/dd)

Is there a history of GI tract surgery or obstruction? No Yes → What test(s) have been arranged?

Does patient have swallowing difficulties? No Yes → Will patient be able to swallow capsule? No Yes

Does patient have known gastroparesis? No Yes → Will capsule have to be placed endoscopically? No Yes

Does patient have a pacemaker/defibrillator? No Yes

Is patient pregnant? No Yes

Most Recent Tests:

Upper Endoscopy #1: Test Date (yyyy/mm/dd) _____

Upper Endoscopy #2: Test Date (yyyy/mm/dd) _____

Colonoscopy #1: Test Date (yyyy/mm/dd) _____

Colonoscopy #2: Test Date (yyyy/mm/dd) _____

Enteroscopy: Test Date (yyyy/mm/dd) _____

CT/MR Enterography: Test Date (yyyy/mm/dd) _____

Please Include:

Endoscopy, Pathology, DI Reports; Bloodwork; Consults and Discharge Summaries: Faxed with 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 Digestive Diseases Program at 905-521-2100 ext. 76933

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