

**DIVISION OF GASTROENTEROLOGY
DEPARTMENT OF MEDICINE
KINGSTON HEALTH SCIENCES CENTRE**



**Hotel Dieu Hospital Site
166 Brock St.,
Kingston, Ontario, Canada K7L 5G2**

website (GIDRU): <https://deptmed.queensu.ca/research/teams/gidru>

Appointments: (613) 544-3400 ext 3490

Division Chair (613) 544-3400 ext 1040

Gen GI Fax: (613) 544-3114

Liver & Pathway Fax (613) 549-8386

Chronic Diarrhea Clinical Care Pathway

Refer to primary care management pathway

<https://kingstonhsc.ca/refer-patient-khsc/gastroenterology-referrals>

to ensure referral required

PATIENT INFORMATION			
Last Name	First Name	DOB (yyyy/mm/dd)	Sex <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Other
OHIP/Version Code or Other Insurance	Address (including City, Province, Postal Code)		
Home Telephone ()	Work Telephone	Extension	Mobile Telephone
Primary Care Provider Name	Primary Care Provider Phone ()	Primary Care Provider Fax ()	
Referring Care Provider Name	Referring Care Provider Signature (Mandatory)		Date (yyyy/mm/dd)
Referring Care Provider Telephone ()	Ext.	Referring Care Provider Fax ()	Referring Care Provider Email

Indication for Referral

Patient must satisfy **criteria for Chronic Diarrhea** defined in the primary care pathway **plus one of the following:**

1. **One or more** of the following **alarm symptoms/findings:**

- Unintended weight loss (>5% over 3 mos)
- GI bleeding/iron deficiency anemia (low ferritin)
- Onset of symptoms after age 50
- Nocturnal symptoms
- Family history of colon cancer in a 1st degree relative
- Family history of inflammatory bowel disease
- Other: _____

OR

2. **Celiac Serology Positive**

Investigations:

- CBC
- Ferritin
- Albumin
- TSH
- tTG, IgA
- Stool C&S, O&P, C diff

Fax completed referral forms and medication list to Pathways Fax: 613-549-8386

Clinical History