

DIVISION OF GASTROENTEROLOGY DEPARTMENT OF MEDICINE KINGSTON HEALTH SCIENCES CENTRE



Hotel Dieu Hospital Site			Appo	Appointments: (613) 544-3400 ext 3490		
166 Brock St.,				Division Chair (613) 544-3400 ext 1040		
Kingston, Ontario, Canada K7L 5G2			Gen G	Gen GI Fax: (613) 544-3114		
website (GIDRU): https://deptmed.queensu.ca/research/teams/gidru			dru Liver &	Liver & Pathway Fax (613) 549-8386		
<u>Irritable Bowel S</u> <u>Clinical Care</u>	-	<u>S)</u>				
Refer to primary care management p https://kingstonhsc.ca/refer-patient- to ensure referral required		logy-refer	rals			
PATIENT INFORMATION						
Last Name	First Name		DOB (yyyy/mm/dd)		Sex □ F □ M □ 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	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 Irritable Bowel Syndrome defined in the primary care pathway plus one of the following:

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

1. One or more of the following alarm symptoms/findings:	OR	2. Celiac Serology Positive
□ Unintended weight loss (>5% over 3 mos)		
□ GI bleeding/iron deficiency anemia (low ferritin)		Investigations:
□ Onset of symptoms after age 50		
□ Nocturnal symptoms		□ Ferritin
□ Family history of colon cancer in a 1 st degree relative		🗖 tTG, IgA
□ Family history of inflammatory bowel disease		□ Stool C&S
□ Other:		□ Stool O&P
		□ Stool C diff

Clinical History