

**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*

**Dyspepsia Clinical Care Pathway
Direct to Procedure Upper Endoscopy**

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 X	Work Telephone X	Extension X	Mobile Telephone X
Primary Care Provider Name X	Primary Care Provider Phone		Primary Care Provider Fax
Referring Care Provider Name X	Referring Care Provider Signature (Mandatory) X	Date (yyyy/mm/dd) X	
Referring Care Provider Telephone	Ext.	Referring Care Provider Fax	Referring Care Provider Email

Indication for Referral

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

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

- >age 50 with new/persistent symptoms
- Unintended weight loss (>5% over 3 mos)
- Regular NSAID use
- Dysphagia
- Hx peptic ulcer disease
- GI bleeding (hematemesis, melena, iron deficiency anemia)

If concerns for active bleeding then patient should be directed to the Emergency Department

- Persistent vomiting
- FHx gastric or esophageal cancer 1st degree relative
- *Other: _____

OR

2. The patient has **failed to respond** to a trial of PPI therapy **as outlined in the pathway.**

Medical History: **Please send complete medication list**

Adverse reactions: No Yes, please list:

- Anticoagulation/Coagulation disorder – specify:
- Patient using platelet inhibitor medication – specify:
- Diabetes mellitus on medication (oral hypoglycemic or insulin) – specify:
- Emphysema/other severe pulmonary disease – specify:
- Pacemaker/implantable cardiac defibrillator (ICD) – specify:
- Heart disease: Valvular or coronary artery
- Uncontrolled hypertension: most recent BP
- No comorbid conditions

**Fax completed referral forms, clinical history
and medication list to Pathways Fax:
613-549-8386**

Dyspepsia Clinical Care Pathway
Direct to Procedure Upper Endoscopy

Page 2 of 2

Clinical History:

**Fax completed referral forms, clinical history
and medication list to Pathways Fax:
613-549-8386**