

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



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

website (GIDRU): <http://meds.queensu.ca/gidru/train.htm>

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
<http://kingstonhsc.ca/refer/gastroenterology-1>
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 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**

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Clinical History:

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