

**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

GERD 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 GERD** 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:

- Dysphagia or odynophagia
- Unintended weight loss (>5% over 3 mos)
- Persistent vomiting
- 1st degree relative with esophageal cancer
- Abdominal mass
- GI bleeding (hematemesis, melena, iron deficiency anemia)

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

Other: _____

OR

2. Meets criteria to screen for Barrett's

Chronic GERD symptoms present >5 years plus:

A. First degree relative with Barrett's or esophageal cancer

OR TWO of the following:

- B. Age >50
- C. Caucasian
- D. Truncal obesity
- E. Smoking history

Medical History: **Please send full 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 condition

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Clinical History:

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and medication list to Pathways Fax:
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