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Mississauga, ON L5M 2S4
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Phone: (905) 823-0223
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WestGTA Endoscopy

Dr. Navin Anand ***Dr. Adriano Correia*** ***Dr. Supriya Joshi*** ***Dr. Krishna Menon*** Dr. Imran Rasul Dr. Callum Dargavel

Physician Referral Form

Patient Information *(Place label here / Fill)*

Name:_____
HCN:_____VC:_____
Birthdate: _____
Address:_____
_____

Gender : ☐ Male ☐ Female
Email : _____

Contact Phone
Home : _____
Mobile : _____

Reason for referral (please check all that apply):

☐ screening age ≥50
☐ positive FOBT
☐ iron deficiency anemia
☐ family history of CRC:
specify ***relationship*** *&* ***age***: _____
☐ previous polyps
☐ change in bowel habit
☐ rectal bleeding
☐ weight loss

Test requested:

☐ Colonoscopy
☐ Gastroscopy
☐ Colon + Gastro

Medical History

☐ Diabetic (insulin or OHG)
☐ Age > 75
☐ CAD (angina/MI within 1 yr)
☐ Asthma/COPD
☐ Morbidly Obese **(Ht** _____ **Wt** _____**)**
☐ Sleep apnea (CPAP)

Blood Thinners

☐ ASA
☐ Coumadin
☐ Plavix
☐ Other _____

Allergies (please list):

_____
_____
_____
_____
_____

Other notes:

Referring MD: _____
Address: _____
Tel: _____ Fax: _____

Date: _____
Billing # _____

Our receptionist will contact your patient with appointment date and time and information regarding their consultation and procedure. **Thank you for your referral!**

WGTA Ref 07/2023