

**Fax Completed Form to: 780-492-9271**

The form is designed to expedite your request for consultation of patients with known, or suspected, Inflammatory Bowel Disease. Referrals may be directed to individual physicians, however, patients may be triaged to the soonest available appointment should they require more urgent attention. Should you choose to refer your patient via letter please include all the information indicated on this form in your letter. Date of Referral: \_\_\_\_\_

**REFERRING PHYSICIAN**  
 NAME: \_\_\_\_\_ PRAC ID: \_\_\_\_\_  
 PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

**PATIENT DEMOGRAPHIC INFORMATION**  
 Patient's Full Name:  
 (Last) \_\_\_\_\_  
 (First) \_\_\_\_\_ (Middle name or initial) \_\_\_\_\_  
 ULI/PHN Number: \_\_\_\_\_  
 Date of Birth (DD/MON/YEAR) \_\_\_\_\_  
 Gender: Male / Female (please circle)  
 Patient's Mailing Address:  
 (Apt/Suite#) \_\_\_\_\_ (Street Address) \_\_\_\_\_  
 (City) \_\_\_\_\_ (Province) \_\_\_\_\_ (Postal Code) \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Suspected IBD**  
 Family History (list details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 • Please attach most recent consultation, imaging, laboratory, and complete the symptoms section below  
 • Current and previous medications: (Please attach a current list)

**Known history of IBD**  
 Crohn's Disease       Ulcerative Colitis  
 Has previously seen another Gastroenterologist (please include Doctor's name) \_\_\_\_\_  
 • Please attach most recent consultation, endoscopy, diagnostic imaging, pathology reports, and all previous surgical reports  
 • Current and previous medications: (Please attach a current list)  
 • Is this patient in an active flare?  
 **Yes (If yes, complete symptom section below)**       **No**

**IBD Symptoms:**  
 Diarrhea       Abdominal Pain       Other \_\_\_\_\_  
      Bloody       Weight Loss (\_\_\_\_kgs over \_\_\_\_mo) \_\_\_\_\_  
      Non-bloody       Duration of Symptoms \_\_\_\_\_  
 Fever  
 Bowel Movements Per Day \_\_\_\_\_  Extraintestinal (please attach a list)

**IBD Laboratory Test** (Please have all the following investigations completed and results sent with this referral form)  
 CBC       CRP       Microbiology (Stools for C&S, O&P, and C. Difficile Toxin)       Fecal Calprotectin  
(see instructions on the back of the requisition)

<p><b>Do you have a specific preference for the physician asked to see your patient?</b>          Yes [ ] Name: _____ ** see box → No [ ]</p>	<p><b>**If your specific choice of physician is not immediately available, <u>urgent</u> referrals will be directed to the first available consultant in the GI Division to ensure a timely evaluation of your patient **</b></p>
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**UAH use only:**      Reviewing doctor's initials \_\_\_\_\_ date (d/m/y) \_\_\_\_\_  
 Triage category (circle)    emergent    urgent    semi-urgent    non urgent    more info needed  
 Patient disposition: \_\_\_\_\_  
 Notifications — Referring Dr [ ] Patient [ ] Other [ ] \_\_\_\_\_  
 Processing clerk's initials \_\_\_\_\_ date (d/m/y) \_\_\_\_\_

## Guidelines for Determining Acuity of IBD Referrals

<b>Triage Category</b>	<b>Description</b>	<b>Referral Instructions</b>
<b>Emergent</b>	<ol style="list-style-type: none"> <li>1. Acute Severe Ulcerative Colitis &gt;8 BM/day, AND CRP&gt;45; <u>OR</u> Hb&lt;105; <u>OR</u> temperature &gt;37.8</li> <li>2. Crohn's – rectal abscess – pt unable to sit due to painful rectum</li> <li>3. Crohn's – obstruction – nausea, vomiting</li> </ol>	Page a physician on call via 780-407-8822
<b>Urgent</b>	<ol style="list-style-type: none"> <li>1. Flare of known IBD (UofA follow-up <u>OR</u> not previously followed by a local GI)</li> <li>2. Recent-onset bloody diarrhea, persisting &gt;1 week</li> <li>3. Recent-onset non-bloody diarrhea, persisting &gt;3 weeks</li> <li>4. Symptoms of IBD: Diarrhea, or abdominal pain or &gt;5kg weight loss <u>with</u> anemia (Hb&lt;110) or CRP&gt;20</li> </ol>	Fax referral Mark as URGENT
<b>Semi-Urgent</b>	<p><b>Known History of IBD</b></p> <ol style="list-style-type: none"> <li>1. Complex IBD:               <ul style="list-style-type: none"> <li>• Newly diagnosed IBD (not on maintenance therapy) requiring follow-up</li> <li>• Patients recently admitted to hospital, requiring follow-up</li> </ul> </li> <li>2. Pediatric Transition (may be triaged later if referral letter indicates this); pts on biologics need to be seen soon)</li> <li>3. Transition from outside Alberta – pts on biologic therapy</li> <li>4. Referral from another <u>GI</u> requesting possible study medications or 2<sup>nd</sup> opinion</li> </ol> <p><b>Suspected IBD</b></p> <ol style="list-style-type: none"> <li>1. Symptoms of IBD: diarrhea or abdominal pain <u>with</u> family history</li> <li>2. Symptoms of IBD: diarrhea or abdominal pain with iron deficiency, CRP&lt;20, Hb&gt;110</li> </ol>	Fax Referral
<b>Routine</b>	<p><b>Known History of IBD</b></p> <ol style="list-style-type: none"> <li>1. Stable known IBD requiring follow-up (UofA follow-up <u>OR</u> not previously followed by a local GI)</li> </ol> <p><b>Suspected IBD</b></p> <ol style="list-style-type: none"> <li>1. Symptoms of IBD: diarrhea or abdominal pain with normal CBC, CRP and without weight loss</li> </ol>	Fax Referral