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Santé et Services sociaux Québec

DT9251

LONG COLONOSCOPY REFERRAL

User's last and first name

Mother's name

RAMQ No. | Expiration / | Date of birth (Y, M, D)

Address (n°, street)

Postal code | Telephone: Area code | Home

Area code | Work | Extension | Area code. | Cell

Email

Identification of the referring professional and point of service

Referral from: ☐ Physician ☐ SNP ☐ Nurse ☐ National medical protocol ☐ Collective prescription

Name of referring professional | License No.

Area code | Telephone no. | Extension | Area code | Fax no.

Name of point of service

Signature | **Referral date** Year | Month | Day

Send results to [1]: ☐ Referring professional ☐ Family doctor ☐ SNP or other professional

Name and contact information:

Referral faxed to: | Name of digestive endoscopy unit | Nominative reference

Indication for the colonoscopy - IN - *(where requested, send results with referral.)*

A- If presence of the following symptoms or abnormal results

		Priority level [2]	
IN1	☐ Acute lower gastrointestinal hemorrhage *(refer to the Emergency department immediately)*[3]	P1	Immediate ≤ 24 hours
IN2	☐ High index of suspicion for cancer based on imaging, endoscopy or clinical exam *(include report and other results)*	P2	Urgent ≤ 14 days
IN5	☐ Positive fecal immunochemical test (positive FIT) *(include results)*	P3	Semi-elective ≤ 60 days
IN3	☐ Clinical elements suggestive of active inflammatory bowel disease (IBD)		
IN4	☐ Hematochezia (anorectal bleeding with or without hemorrhoids) ≥ 40 years old		
IN6	☐ Unexplained documented iron deficiency anemia[5] *(Include complete blood count (CBC), iron saturation and ferritin) (See note on the back of this form for people who have given blood and/or menstruating women)*		
IN17	☐ Polyps viewed on imaging *(include imaging report)*		
IN18	☐ Suspicion of occult colorectal cancer[6]		
IN19	☐ Inadequate bowel preparation – repeat colonoscopy		
IN7 / IN10	☐ Recent change in bowel habits / ☐ Hematochezia (anorectal bleeding with or without hemorrhoids) < 40 years old[4]	P4	Elective ≤ 6 months
IN20 / IN12	☐ Diverticulitis follow-up (in post-acute phase) / ☐ Chronic constipation *(Specify previous investigations)*		
IN9	☐ Chronic diarrhea		

B- Colorectal cancer screening with a significant family history [7]

IN8	Family history of colorectal cancer or polyps[8] *(Specify)* : ☐ **1 first-degree relative**[9], diagnosed **before** the age of 60 ☐ **2 first-degree relatives**[9], regardless of the age when diagnosed ☐ **1 first-degree relative and 1 second-degree relative**[9] on the same side of the family, regardless of the age when diagnosed	P4	Elective ≤ 6 months ***1st colonoscopy*** Refer to the **algorithms**[10] for appropriate follow-up based on condition.

C- Colorectal cancer screening for an average risk person without significant family or personal history [7]

IN11	☐ After discussion with the user, the licensed health professional still prescribes a colonoscopy despite the availability of the FIT and its relevance in screening colorectal cancer [11] **Last FIT result:** Date: _____ Reminder: If FIT test is negative, it should be repeated every 2 years. If the requested colonoscopy is not completed within 24 months, another FIT test must be requested by the referring professional.	P5	Elective ≤ 24 months **Prioritize P1 to P4 colonoscopies before P5 colonoscopies**

D- Surveillance (follow-up) – If previous colonoscopy but absence of symptoms [7]

Personal history		Family history		Last colonoscopy		
IN14	☐ Colorectal cancer	IN21	☐ Surveillance for significant family history	Date: _____ Location: _____ Note: Average risk person who had a previous normal colonoscopy, FIT to be done in 10 years.	C	**Follow-up** Refer to the **algorithms** [10] for appropriate follow-up based on condition. Target date for follow-up
IN13	☐ Polyps					
IN15	☐ IBD surveillance (8-10 years after the onset of symptoms)					

E- Additional relevant information

Medication

Anticoagulants:	☐ Yes ☐ No	Medication:	Indication:
Antiplatelets:	☐ Yes ☐ No	Medication:	Indication:
Anticoagulation protocol therapy	Recommendations:		
NSAIDs[12] :	☐ Yes ☐ No	Medication:	Indication:

Other

Oxygen dependent COPD:	☐ Yes ☐ No	Diabetes treated by: Insulin:	☐ Yes ☐ No	Oral hypoglycemics	☐ Yes ☐ No
Sleep apnea with CPAP :	☐ Yes ☐ No	Severe heart failure Class 4:	☐ Yes ☐ No	Renal insufficiency	☐ Yes ☐ No
Cardiac pacemaker:	☐ Yes ☐ No	Comprehension problems:	☐ Yes ☐ No	Mobility problems:	☐ Yes ☐ No
Cardiac defibrillator:	☐ Yes ☐ No				

Additional information: | Date of receipt:

If more than one indication is written on the colonoscopy referral form, the indication with the highest level of priority will be used for the colonoscopy.

NOTES

1 A copy of the results must be sent to the referring professional (except for referrals from a national medical protocol or a collective prescription, unless it is indicated that a copy should be sent to specified doctor, SNP or other professional).

2 The proposed timelines and priorities are targets for improvement to be achieved and not clinical practice directives. The referring professional can communicate with the endoscopist if needed.

3 Definition of acute lower gastrointestinal hemorrhage: hematochezia and hemodynamic instability, important drop in hemoglobin values and/or need for blood transfusions.

4 The short colonoscopy (sigmoidoscopy) is also indicated as a diagnostic exam.

5 For all patients, before requesting an endoscopy, ask whether the patient is a blood donor or a prolific blood donor. If so, also find out if the patient has received adequate iron supplementation. If not, before proceeding with the endoscopy, it is strongly recommended that the patient receive adequate iron repletion, unless there are other clinical indicators to justify an endoscopy, as listed in form AH-702.

For women of childbearing age or who are actively menstruating, before having a digestive endoscopy, unless there are gastrointestinal elements to justify an endoscopy, the contribution of heavy menstrual bleeding must be assessed and controlled if necessary, and adequate iron supplementation must be offered.

6 Paraneoplastic syndrome.

7 If the user complains of new onset of symptoms, it is the responsibility of the licensed health professional to do the appropriate follow-up and to notify the digestive endoscopist to whom the referral was sent.

8 Except for hyperplastic polyps < 10 mm present in the rectum or sigmoid colon.

9 First-degree relative: father/mother, brother/sister, child.
Second-degree relative: grandparent, uncle/aunt, nephew/niece.

10 The algorithms are available at: https://publications.msss.gouv.qc.ca/msss/document-003541/.

11 If the colonoscopy requested is not completed within 24 months, another FIT test must be requested by the referring professional. The recommended screening test for an average risk person (50-74 years old, asymptomatic, without any family or personal colorectal cancer or polyp history) is the fecal immunochemical test (FIT). The colonoscopy is prescribed to confirm the diagnosis when a FIT is positive (IN5).

12 It is not necessary to stop Aspirin, Persantine or Aggrenox before a colonoscopy.