



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 Nurse National medical protocol
 SNP 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	<input type="checkbox"/> Acute lower gastrointestinal hemorrhage (refer to the Emergency department immediately) ³	P1 Immediate ≤ 24 hours
IN2	<input type="checkbox"/> High index of suspicion for cancer based on imaging, endoscopy or clinical exam (include report and other results)	P2 Urgent ≤ 14 days
IN5	<input type="checkbox"/> Positive fecal immunochemical test (positive FIT) (include results)	P3 Semi-elective ≤ 60 days
IN3	<input type="checkbox"/> Clinical elements suggestive of active inflammatory bowel disease (IBD)	
IN4	<input type="checkbox"/> Hematochezia (anorectal bleeding with or without hemorrhoids) ≥ 40 years old	
IN6	<input type="checkbox"/> 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)	
IN7	<input type="checkbox"/> Recent change in bowel habits	P4 Elective ≤ 6 months
IN10	<input type="checkbox"/> Hematochezia (anorectal bleeding with or without hemorrhoids) < 40 years old ⁴	
IN9	<input type="checkbox"/> Chronic diarrhea	
IN11	<input type="checkbox"/> Diverticulitis follow-up (in post-acute phase)	P4 Elective ≤ 6 months
IN12	<input type="checkbox"/> Chronic constipation (Specify previous investigations)	

B- Colorectal cancer screening with a significant family history ⁷

IN8 Family history of colorectal cancer or polyps⁸ (Specify):
 1 first-degree relative⁹, diagnosed before the age of 60
 2 first-degree relatives⁹, regardless of the age when diagnosed
 1 first-degree relative and 1 second-degree relative⁹ on the same side of the family, regardless of the age when diagnosed

P4 Elective ≤ 6 months
1st colonoscopy
Refer to the algorithms¹⁰ 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	C Follow-up Refer to the algorithms ¹⁰ for appropriate follow-up based on condition. Target date for follow-up _____
IN14 <input type="checkbox"/> Colorectal cancer	IN21 <input type="checkbox"/> Surveillance for significant family history	Date: _____	
IN13 <input type="checkbox"/> Polyps		Location: _____	
IN15 <input type="checkbox"/> IBD surveillance (8-10 years after the onset of symptoms)		Note: Average risk person who had a previous normal colonoscopy, FIT to be done in 10 years.	

E- Additional relevant information

Medication	Anticoagulants: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medication: _____	Indication: _____
	Antiplatelets: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medication: _____	Indication: _____
	Anticoagulation protocol therapy	Recommendations: _____	
Other	NSAIDs ¹² : <input type="checkbox"/> Yes <input type="checkbox"/> No	Medication: _____	Indication: _____
	Oxygen dependent COPD: <input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes treated by: Insulin: <input type="checkbox"/> Yes <input type="checkbox"/> No	Oral hypoglycemics: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Sleep apnea with CPAP: <input type="checkbox"/> Yes <input type="checkbox"/> No	Severe heart failure Class 4: <input type="checkbox"/> Yes <input type="checkbox"/> No	Renal insufficiency: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Cardiac pacemaker: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comprehension problems: <input type="checkbox"/> Yes <input type="checkbox"/> No	Mobility problems: <input type="checkbox"/> Yes <input type="checkbox"/> 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.