



DT9251

COLONOSCOPY REFERRAL

Last name and first name			
Mother's maiden name			
RAMQ No.	Expiration	Date of birth (Y, M, D)	
Address (no., street)			
Postal code	Telephone	Area code	Home
Area code	Work	Extension	Area code
Cell phone		Email	

Identification of the referring professional and the point of service			
Referral from: <input type="checkbox"/> Physician <input type="checkbox"/> NP/Physician partner			
Name of referring professional		License No.	
Area code	Telephone No.	Extension	Fax No.
Name of physician partner, if completed by NP		License No.	
Name of the point of service			

Signature	Date request made	Year	Month	Day
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Send results to¹: Primary care physician Other physician

Indicate name and address:

Fax to	Name of endoscopy unit	Nominative reference (if specific physician, indicate name)
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Indication for the colonoscopy (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 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 reports and other results)	P2 Urgent ≤ 14 days
IN5	<input type="checkbox"/> Fecal occult blood test : Fecal Immunochemical Test (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 (include complete blood count (CBC), iron saturation and ferritin)	
IN7	<input type="checkbox"/> Recent change in bowel habits	
IN17	<input type="checkbox"/> Polyps viewed on imaging (include imaging report)	P4 Elective ≤ 6 months
IN18	<input type="checkbox"/> Suspicion of occult colorectal cancer ⁵	
IN19	<input type="checkbox"/> Inadequate bowel preparation – repeat colonoscopy	
IN20	<input type="checkbox"/> Diverticulitis (post-acute phase)	
IN10	<input type="checkbox"/> Hematochezia (rectal bleeding with or without hemorrhoids) < 40 years old ⁴	
IN12	<input type="checkbox"/> Chronic constipation <input type="checkbox"/> Chronic diarrhea (specify previous investigations)	

B- Colorectal cancer screening with a significant family history⁶

IN8	Family history of colorectal cancer or polyps ⁷ . Specify: <input type="checkbox"/> 1 first-degree relative ⁸ diagnosed before the age of 60 <input type="checkbox"/> 2 first-degree relatives ⁸ , regardless of the age when diagnosed <input type="checkbox"/> 1 first-degree and 1 second-degree relative ⁸ on the same family side, regardless of the age when diagnosed	P4	Elective ≤ 6 months 1 st colonoscopy For appropriate follow-up refer to the algorithms ⁹ .
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C- Colorectal cancer screening for an average risk person without significant family or personal history⁶

IN11	<input type="checkbox"/> After discussion with the user, the referring physician still prescribes a colonoscopy despite availability of the FIT and its relevance as screening modality for colorectal cancer ¹⁰ . Result of the last FIT test: Date: Reminder: If FIT is negative, it should be repeated every 2 years.	P5	All other colonoscopy indications should be prioritized before scheduling screening colonoscopies
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D- Surveillance (follow-up) – If previous colonoscopy but absence of symptoms⁶

Personal history	Family history	Last colonoscopy	C	Follow-up For appropriate follow-up refer to the algorithms ⁹ . Target date
IN14 <input type="checkbox"/> Colorectal cancer IN13 <input type="checkbox"/> Polyps IN15 <input type="checkbox"/> IBD surveillance (8-10 years after the onset of symptoms)	IN21 <input type="checkbox"/> Surveillance for significant family history	Date: Where: N.B. 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 therapy protocol	Recommendations:	
	NSAIDs ¹¹ : <input type="checkbox"/> Yes <input type="checkbox"/> No	Medication:	Indication:
Other	Oxygen dependent COPD: <input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes treated by:	Oral anti-diabetic medication: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Sleep apnea with CPAP: <input type="checkbox"/> Yes <input type="checkbox"/> No	Insulin: <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	Severe heart failure Class 4: <input type="checkbox"/> Yes <input type="checkbox"/> No	Mobility problems: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Cardiac defibrillator: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comprehension problems: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional information: _____ Date referral received: _____

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.

REFERENCES

- 1 A copy of the results must be sent to the referring 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 Sigmoidoscopy is also indicated as a diagnostic exam in this situation.
- 5 Paraneoplastic syndrome.
- 6 If the user complains of new onset of symptoms, it is the responsibility of the referring physician to do the appropriate follow-up and to notify the endoscopist to whom the referral was initially sent.
- 7 Except for hyperplastic polyps < 10 mm present in the rectum or sigmoid colon.
- 8 Definition of:
 - First-degree relative: father/mother, brother/sister or child.
 - Second-degree relative: grandparent, uncle/aunt, nephew/niece.
- 9 The algorithms are available: www.msss.gouv.qc.ca/professionnels/pqdccr.
- 10 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 occult blood test: Fecal Immunochemical Test (FIT). The colonoscopy is prescribed to confirm the diagnosis when a FIT is positive (IN5).
- 11 It is not necessary to stop Aspirin, Persantine or Aggrenox before a colonoscopy.