Dear Colleague,

The McMaster Division of Pediatric Gastroenterology & Nutrition has developed a new clinic triage referral form. This form is accompanied by a document that suggests investigations that may be included with your referral.

We strive to improve our wait times and better manage our increasing patient volumes and complexity. Please do not hesitate to contact us if you have any feedback on our referral process.

Sincerely,

McMaster Children's Hospital
Division of Pediatric Gastroenterology and Nutrition
PEDIATRIC GASTROENTEROLOGY, HEPATOLOGY and NUTRITION REFERRAL REQUEST

PATIENT INFORMATION:

REASON FOR REFERRAL:

RELEVANT HISTORY:

CURRENT MEDICATIONS:

ABNORMAL TEST RESULTS:
CRP: OTHER:
CBC:
ALBUMIN:
CELIAC SCREEN:
TOTAL IMMUNOGLOBULINS:

REQUIRED IN REFERRAL:

GROWTH CHARTS
NEED FOR INTERPRETER IF NECESSARY

ALARM FEATURES:

☐ Bloody diarrhea
☐ Anemia
☐ Intractable vomiting
☐ Dysphagia
☐ Jaundice
☐ Elevated liver enzymes
☐ Weight loss
☐ Failure to thrive
☐ Night time stools
☐ Elevated CRP
☐ Fever
☐ Bilious emesis

DURATION OF SYMPTOMS:

☐ Weeks
☐ Months
☐ Years

IF ANY CONCERN FOR AN EMERGENCY or URGENT CONSULT PLEASE CALL TO SPEAK DIRECTLY TO PEDIATRIC GI ON CALL 905 521 5030

Please fax to 905 521 2627

FOR ADMINISTRATIVE USE ONLY
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