



SMH Endoscopic Ultrasound (EUS) Program - Referral Form

Gastroenterologists: 1st available (*recommended*)
 Dr. Gary May Dr. Christopher Teshima Dr. Jeffrey Mosko

Please complete and fax to **416-864-5749**

[please include partially completed form with any EMR referrals; online referral system coming soon]

Please note: All referrals will be triaged by one of above MD's and booked based on urgency

Patient information (print or label):

Referring MD information (print or stamp):

Last, _____ First _____
 Gender M _____ F _____ DOB: DD ____ MM ____ YYYY ____
 Apt _____ Address _____
 City _____ Prov _____ Postal Code _____
 H: _____ C: _____

Suite #: _____ Address: _____

 City _____ Prov _____ Postal Code _____
 PH: _____ FX: _____
 Email: _____

REASON FOR REFERRAL: (please check)

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Pancreas mass <ul style="list-style-type: none"> <input type="checkbox"/> Presumed CA for FNA/FNB <input type="checkbox"/> Diagnosis unclear <input type="checkbox"/> Pancreatic cyst or cystic neoplasm <input type="checkbox"/> Pancreatic fluid collection <input type="checkbox"/> Other pancreas (ie chronic pancreatitis, dilated PD) <input type="checkbox"/> Submucosal lesion location: _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Cancer staging <ul style="list-style-type: none"> <input type="checkbox"/> Esophageal CA/Barrett's-associated dysplasia <input type="checkbox"/> Gastric <input type="checkbox"/> Rectal <input type="checkbox"/> Dilated CBD and PD (double duct sign) <input type="checkbox"/> Other: _____ |
|--|--|

See over



Clinical Information:

Is the patient currently on any antiplatelet or anticoagulant medications? YES NO

If yes, which one(s)? _____

Please send the following where applicable:

- Consultation notes
- Endoscopy notes/pictures
- Relevant pathology reports
- Relevant labs (including INR)
- Relevant imaging reports
- Original images (please send any CT or MRI's in advance OR on a disc with the patient)

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|--|----------------------|
| Office Use Only | |
| Date Triaged: | To be booked within: |
| Radial or Linear (circle) | |
| Consult 1 st or Direct (circle) | |