



DT9292

GASTROENTEROLOGY CONSULTATION ADULT

Note: Refer to the clinical alerts on the back of the form and favor, if available, the protocols of the Accueil Clinique before filling it out.

Patient's first and last name			
Health insurance number		Year	Month
		Expiry	
Parent's first and last name			
Area code	Phone number	Area code	Phone number (alt.)
Address			
Postal code			

Reason for consultation	Clinical priority scale: A: ≤ 3 days B: ≤ 10 days C: ≤ 28 days D: ≤ 3 months E: ≤ 12 months					
Dysphagia (excluding oropharyngeal or neuromuscular origin) <input type="checkbox"/> Stable and intermittent <input type="checkbox"/> Rapidly progressive	D	Abnormal liver enzymes <input type="checkbox"/> ALT between 201-500 IU and normal INR (Prerequisite: CBC, creat., albumin and LFT < 3 months) <input type="checkbox"/> ALT between 91-200 IU and normal INR (Prerequisite: CBC, creat., albumin and LFT < 3 months) <input type="checkbox"/> ALT between 40-90 IU and stable for 6 months <input type="checkbox"/> Fatty liver with ALT < 90 UI	B	B		
	B		D	D		
GERD or dyspepsia or abdominal pain With at least one alarm symptom: <input type="checkbox"/> Weight loss > 10% in 6 months <input type="checkbox"/> Evidence of associated bleeding <input type="checkbox"/> Vomiting <i>Could be seen directly in endoscopy</i> <input type="checkbox"/> GERD or dyspepsia beginning at age > 55ans <i>Could be seen directly in endoscopy</i> <input type="checkbox"/> Reflux not controlled by PPI and with no prior gastroscopy and without alarm symptom	C	Hepatitis B or C <input type="checkbox"/> Positive HBsAg with ALT < 40 UI and without cirrhosis <input type="checkbox"/> Positive AntiHCV positif with ALT < 200 UI and without cirrhosis	E	E		
	D		E	E		
	E		E	E	E	
<input type="checkbox"/> Positive Anti-transglutaminase (not known celiac) <i>Could be seen directly in endoscopy</i>	D	Compensated or new-onset cirrhosis confirmed by imaging (Prerequisite: imaging report) <input type="checkbox"/> INR > 1.7 or total bilirubin > 34 or albumin < 28 without encephalopathy <input type="checkbox"/> INR between 1, 2-1, 7, or albumin between 28-35 or total bilirubin between 17-34 <input type="checkbox"/> Normal INR, albumin, and total bilirubin	E	E		
<input type="checkbox"/> Abdominal pain without alarm symptom	E		E	E		
Fill out form AH-702: Request a colonoscopy or the Accueil Clinique if available High suspicion of colorectal cancer based on imaging, chronic diarrhea/chronic constipation, rectorragia, FIT test positive, non-gynecological iron deficiency anemia, suggestive IBD, diverticulitis follow-up	B	<input type="checkbox"/> Jaundice with total bilirubin > 60 or > 40 with dilated bile ducts on the ultrasound with normal INR (Prerequisite: imaging report) <input type="checkbox"/> High suspicion of cancer of the digestive tract based on imaging (excluding colorectal cancer: use form AH-702) (Prerequisite: imaging report)	B	B		
	B		B	B		
<input type="checkbox"/> Other reason for consultation or clinical priority modification (MANDATORY justification in the next section):				Clinical priority		
Suspected diagnosis and clinical information (mandatory)			If prerequisite is needed :			
			<input type="checkbox"/> Available in the QHR (DSQ) <input type="checkbox"/> Attached to this form			
Special needs:						
Referring physician identification and point of service			Stamp			
Referring physician's name		Licence no.				
Area code	Phone no.	Extension			Area code	Fax no.
Name of point of service						
Signature		Date (year, month, day)				
Family physician: <input type="checkbox"/> Same as referring physician <input type="checkbox"/> Patient with no family physician			Registered referral (if required)			
Family physician's name			If you would like a referral for a particular physician or point of service			
Name of point of service						

Clinical alerts (non-exhaustive list)**Refer the patient to the Emergency-department**

- Severe gastrointestinal bleeding
- Food bolus impaction or foreign body
- Cholangitis
- Acute pancreatitis
- New-onset hepatic encephalopathy (1st episode)
- Ascites (1st episode or with fever)
- Severe acute hepatitis (ALT > 500)

Use the Accueil Clinique form if available