

**PEDIATRIC GASTROENTEROLOGY, HEPATOLOGY
and NUTRITION REFERRAL REQUEST**

PATIENT INFORMATION:

REFERRING PROVIDER (NAME/FAX/SPECIALTY):

REASON FOR REFERRAL:

RELEVANT HISTORY:

CURRENT MEDICATIONS:

ABNORMAL TEST RESULTS:

CRP:

CBC:

ALBUMIN:

CELIAC SCREEN:

TOTAL IMMUNOGLOBULINS:

OTHER:

REQUIRED IN REFERRAL:

**GROWTH CHARTS
NEED FOR INTERPRETER IF NECESSARY**

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

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