



**Department of Pediatrics**  
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Division of Pediatric Gastroenterology and Nutrition

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:

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

**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

**FOR ADMINISTRATIVE USE ONLY**

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