



Inflammatory Bowel Diseases Clinic
 Dr. Maria Cino, Dr. Alexa Sasson, Dr. Parul Tandon
 Toronto Western Hospital
 399 Bathurst Street
 Toronto, Ontario M5T 2S8

Referral Form

Patient information (print or label)

Referring MD information (print or stamp)

| | |
|---|---|
| Last: _____ First: _____ Sex: M F DOB: DD ___ MM ___ YYYY _____ OHIP #: _____ Address: _____ City _____ Prov _____ Postal Code _____ Phone: _____ | Name: _____ Billing Number: _____ Address: _____ City _____ Prov _____ Postal Code _____ Phone: _____ Fax: _____ |
|---|---|

Urgency:

- Urgent (<4 weeks)¹
 Semi-Urgent (4-12 weeks)
 Elective (3 months)

¹Urgent criteria would include existing diagnosis of IBD with active symptoms which must include bloody diarrhea > 14 days who need immediate care **and are not** currently under the care of another gastroenterologist. Second opinion consultations will not be triaged as urgent.

Reason for Referral:

- Management and assume care²
 Second Opinion³

²The IBD clinic will accept referrals for patients with existing diagnosis of IBD who are not under the care of a gastroenterologist in Toronto or the Greater Toronto Area. Due to clinic/endoscopy capacity resources, we cannot accept transfer of care of patients currently under the care of a gastroenterologist at a non-UHN institution.

³The clinic will provide selected second opinion consultations for existing diagnoses of IBD under the care of a gastroenterologist. The clinic will not assume the ongoing care and the patient will follow-up with the referring gastroenterologist after applicable work-up has been completed.

Details of Referral:

Note: All referrals for existing diagnoses of inflammatory bowel diseases **must** include all prior gastroenterology notes including endoscopy, imaging, pathology, and pertinent laboratory reports. Referrals not including this documentation, or those missing any information, will be declined.

Please fax completed form and relevant documents to 416-603-5039