

**Gastroenterology Referral**

Dr Patrick Laing  
1306 Central St. East  
Prince George, BC  
V2M 3C1  
Tel: 236-423-3688  
Fax: 778-510-6010

Patient information (affix label here) Patient name: Care Card #: DOB: Telephone: Address:
---

<b>Referral Date:</b> <input type="checkbox"/> Urgent
<b>ADDITIONAL PATIENT INFORMATION</b>
Other insurance: <input type="checkbox"/> self pay
Interpreter required:
Allergies
Gender:
Requires wheelchair: <input type="checkbox"/> no <input type="checkbox"/> yes
<b>REFERRING PROVIDER INFORMATION</b>
Name: Address:  Telephone: Fax: MSP Billing number:
Primary Care Provider: <input type="checkbox"/> same
<b>REASON FOR REFERRAL</b>
<input type="checkbox"/> Screening / surveillance colonoscopy <input type="checkbox"/> Positive FIT or FOBT + <input type="checkbox"/> Symptoms/Other:
<b>FOR ALL CONSULTATIONS PLEASE INCLUDE</b>
Past and current medical history: (include cumulative patient profile, if available)
Medication list
All prior scopes and path reports, if not available, provide findings of prior endoscopies
Any prior GI consultation notes

Fax Disclaimer: This fax transmission contains confidential information that is intended only for the clinic of Dr Patrick Laing. If you are not the intended recipient, you are hereby notified that any disclosure, copying or distribution of the contents of this fax is strictly prohibited. If you have received this fax transmission in error, please immediately notify the referring health practitioner at the telephone number provided above to arrange for the return or destruction of this document.

**PLEASE FAX COMPLETED FORM TO 778-510-6010**