

REFERRAL UPDATE FORM

AFFIX CLIENT LABEL HERE

PRESS FIRMLY TO ENSURE LEGIBILITY

FAX TOP COPY TO COLON SCREENING PROGRAM: 1 (604) 297-9340

1ST CONTACTED DATE (YYYYMMDD)	COMPLETED DATE (YYYYMMDD)	PHN	DATE OF BIRTH (YYYYMMDD)
HEALTH AUTHORITY SERVICE CENTRE	AMENDED DATE (YYYYMMDD)	PATIENT NAME LAST	PATIENT NAME FIRST
		PRIMARY PROVIDER (MSC)	PRIMARY PROVIDER LAST, FIRST
			SEX (F/M/X)

COMPLETE ONLY ONE SECTION BELOW

SECTION A: TRANSFER REQUEST Complete only if referral requires a transfer to another service centre.

Transfer Request To: _____
(Name of Hospital or City)

Transfer Request Reason:

Medical Reason Patient Preference Patient Address Related

Other (Please specify): _____

SECTION B: PATIENT NOT PROCEEDING Complete only if patient is not proceeding for further follow up at your service centre.

Please ensure the patient's primary provider has been notified if the patient is not going to proceed.

<input type="checkbox"/> Patient not due for screening/surveillance/follow up Recall for: <input type="checkbox"/> FIT <input type="checkbox"/> Colonoscopy Specify Future Date (YYYYMM): _____	<input type="checkbox"/> Patient has colorectal cancer history <input type="checkbox"/> Patient has Crohn's or ulcerative colitis <input type="checkbox"/> Patient is deceased
<input type="checkbox"/> Patient declined Future Recall Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Recall for: <input type="checkbox"/> FIT <input type="checkbox"/> Colonoscopy Specify Future Date (YYYYMM): _____	<input type="checkbox"/> Patient moved out of province <input type="checkbox"/> Patient family history does not meet colonoscopy eligibility <input type="checkbox"/> Patient is medically unfit for follow up <input type="checkbox"/> Patient is symptomatic, provider to refer to specialist
<input type="checkbox"/> Patient was not able to be contacted	<input type="checkbox"/> Other: _____

Letter sent to PCP to inform patient not proceeding

COMPLETED BY _____

SIGNATURE _____

Comments (Not captured by program): _____

