



# ENDOSCOPY BOOKING FORM

Rev: Mar. 2019

Page 1 of 1

ARH  BH  CGH  DH  ERH  JP  LMH  MMH  PAH  RCH  RMH  SMH

Referral Date: (dd/mm/yyyy)	Date First Consult: (dd/mm/yyyy)	Decision Date: (dd/mm/yyyy)	Procedure Date: (dd/mm/yyyy)	Booking Form Rec'd: (dd/mm/yyyy)
--------------------------------	-------------------------------------	--------------------------------	---------------------------------	-------------------------------------

Patient Name:	PHN:
---------------	------

Birth Date: (dd/mm/yyyy)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Phone #:	Alternate Phone #:
--------------------------	---	----------	--------------------

Address:	City:	Province:	Postal Code:
----------	-------	-----------	--------------

Procedure Physician:	Family Physician:	Other Referring Physician or Specialist:
----------------------	-------------------	--

Primary Procedure:	Secondary Procedure(s):
--------------------	-------------------------

Priority:	<input type="checkbox"/> SA1A (<24hr)	<input type="checkbox"/> SA1B (<48hr)	<input type="checkbox"/> SA2A (<1wk)	<input type="checkbox"/> SA2B (<2wk)	<input type="checkbox"/> SA3A (<4wk)	<input type="checkbox"/> SA3B (<8wk)	<input type="checkbox"/> SA3C (<26wk)
-----------	---------------------------------------	---------------------------------------	--------------------------------------	--------------------------------------	--------------------------------------	--------------------------------------	---------------------------------------

Diagnosis Code:

	Code	Description	
<input type="checkbox"/>	Within 24 hours	Diagnosis code not required	
<input type="checkbox"/>	30NADA – 26 wks	Chronic gastroesophageal reflux disease	
<input type="checkbox"/>	30NFAC – 12 wks	Diagnostic EGD for stable dysphagia, dyspepsia	
<input type="checkbox"/>	30NMDD – 8 wks	Positive FIT - outside BCCA Screening Program	Date of +Fit:
<input type="checkbox"/>	30NMDF – 26 wks	Screening Colonoscopy for personal or significant family history - Outside BCCA Screening Program	
<input type="checkbox"/>	30OZDA – 2 wks	High likelihood of cancer based on imaging or physical exam; Dysphagia/odynophagia (severe or rapidly progressing); Clinical features suggestive of active inflammatory bowel disease; Painless obstructing acute jaundice w/ suspected mechanical cause	
<input type="checkbox"/>	30OZDD – 8 wks	Bright red rectal bleeding; Iron deficiency anemia; Chronic unexplained abdominal pain; for confirmation of diagnosis of celiac disease; stable dysphagia that is not severe	
<input type="checkbox"/>	30OZDG – 8 wks	Short interval surveillance, assess required < 1 year	Due Date (MM/YY)
<input type="checkbox"/>	30OZDH – 26 wks	Surveillance, assess period >1 year	Due Date (MM/YY)

Endoscopy Other:	<input type="checkbox"/> 30OZZA – 2 wks	<input type="checkbox"/> 30OZZB – 4 wks	<input type="checkbox"/> 30OZZC – 6 wks	<input type="checkbox"/> 30OZZD – 12 wks	<input type="checkbox"/> 30OZZE – 26 wks
------------------	---	---	---	--	--

Diagnosis for Other Code:

Patient Alerts:	<input type="checkbox"/> Type 1 DM	<input type="checkbox"/> Type 2 DM	<input type="checkbox"/> Infection Control	<input type="checkbox"/> Mobility Issues	<input type="checkbox"/> Direct to Endoscopy
	Other:				

<b>NOTE:</b> 1. Patient should be aware of, and have pre-arranged escort. 2. If patient less than 19 years, should have a legal-aged family member attend. 3. Doctor's office should attempt to arrange interpreter (if required).	<b>COMMENTS:</b>
---	------------------