fraserhealth

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> **Please submit only <u>ONE (1)</u> Endoscopy Booking Form per patient.**

How to fill in Endoscopy Booking Form?

ENDOSCOPY BOOKING FORM

☐ ARH ☐ BH ☐ CGH ☐ DH ☐ ERH ☐ JPOCSC ☐ 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 Received: (dd/mm/yyyy)

Mandatory fields

Mandatory field

Optional field
Fill in if applicable

Optional field
Fill in only if you have given patient a procedure date

Do not fill in
This will be filled in by OR Booking

Patient Name:	Birth Date: (dd/mm/yyyy)		Sex:
Address:	PHN:		
City	Province:	Postal Code:	
Phone #		Alternate Phone #	
Family Physician:		Other Referring Physician or Specialist:	

Mandatory fields

Please fill in who has referred patient for the procedure.

It can be patient's family clinic, walk-in clinic or other doctors.

Please select the most appropriate Priority Code and Diagnosis Code for the patient. Both the selected Priority Code and Diagnosis Code should match.

For example, if Diagnosis Code 30OZDA (2 week target) is checked, you should select Priority Code SA2B (< 2 weeks) instead of other priority codes that require treatment within 24 hours or allow up to 4 weeks.

Mandatory fields

Should match

Fill in if you have this information

Priority Code: SA1A ☐   SA2B ☐   SA3A ☐   SA3B ☐   SA3C ☐
              <24hr   <2 wk   <4 wk   <8 wk   <26 weeks

Diagnosis Code:

- ☐ Within 24 hours – Diagnosis code not required
- ☐ 30NADA – 26 week target Chronic gastroesophageal reflux disease
- ☐ 30NMDD – 8 week target Positive FIT - outside BCCA Screening Program   Date of + Fit:_____
- ☐ 30NMDF – 26 week target Screening Colonoscopy for personal or significant family history - Outside BCCA Screening Program
- ☐ 30OZDA – 2 week target High likelihood of cancer based on imaging or physical exam; Dysphagia/odynophagia that is severe or rapidly progressing; Clinical features suggestive of active inflammatory bowel disease; Painless obstructive acute jaundice w/ suspected mechanical cause
- ☐ 30OZDD – 8 week target Bright red rectal bleeding; Iron deficiency anemia. Chronic unexplained abdominal pain; for confirmation of diagnosis of celiac disease; stable dysphagia that is not severe
- ☐ 30OZDG – 8 week target Short interval surveillance where reassessment required under 1 year; wait time starts at date surveillance is due
- ☐ 30OZDH – 26 week target Surveillance where assessment period one year or over; wait time starts at date surveillance is due
- ☐ 30OZZA – 2 week target – Endoscopy Other P1   ☐ 30OZZB – 4 week target – Endoscopy Other P2
- ☐ 30OZZC – 8 week target – Endoscopy Other P3   ☐ 30OZZD – 12 week target – Endoscopy Other P4
- ☐ 30OZZE – 26 week target – Endoscopy Other P5

Diagnosis for Other Code:_____

Fill in diagnosis if you have selected Endoscopy Other Codes

Fill in the name of the Physician who will perform the procedure

Mandatory fields

Procedure Physician:

Primary Procedure:

Secondary Procedure:

Optional fields
Fill in if applicable

Patient Alerts: Type 1 DM ☐   Type 2 DM ☐   Infection Control ☐   Mobility Issues ☐   Direct to Endoscopy ☐

Other:_____

NOTE:	COMMENTS:
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).	

Please communicate these to the patient

You may add in any other comments you may have about the patient