



# ENDOSCOPY BOOKING FORM

Rev: Mar. 2021

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

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

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

|                          |   |          |                    |
|--------------------------|---|----------|--------------------|
| Birth Date: (dd/mm/yyyy) | Sex:<br><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; asymptomatic pancreatic/biliary stricture with normal liver chemistry, not suspicious for malignancy; pancreatic cyst, not suspicious for malignancy; chronic unexplained abdominal pain; stable 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; severe dysphagia/odynophagia; active IBD; obstructive acute jaundice; resection of neoplasm; variceal ligation; EUS-guided drainage of fluid collection/necrosectomy; stenting of malignant stricture/fistula; PEG/PEJ tube          |  |
| <input type="checkbox"/> 30OZDD – 8 wks  | Bright red rectal bleeding; anemia; confirmation celiac disease; stable dysphagia; obscure GI bleed (capsule endoscopy/enteroscopy); EUS assessment submucosal lesion; stent replacement; duodenal polyp/ampullectomy; treatment of chronic GI bleed (e.g. APC) |  |
| <input type="checkbox"/> 30OZDG – 8 wks  | Short interval surveillance, reassessment required < 1 year: follow-up for previous endoscopic resection of large/complex polyp, repeat due to inadequate bowel prep resulting in incomplete procedure – outside BCCA screening program                         | Due Date (MM/YY)                         |
| <input type="checkbox"/> 30OZDH – 26 wks | Surveillance, reassessment required > 1 year – outside BCCA screening program   | Due Date (MM/YY)                         |
| Endoscopy Other:                         | <input type="checkbox"/> 30OZZA – 2 wks   | <input type="checkbox"/> 30OZZB – 4 wks  |
|  | <input type="checkbox"/> 30OZZC – 8 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><br>1. Patient should be aware of, and have pre-arranged escort.<br>2. If patient less than 19 years, should have a legal-aged family member attend.<br>3. Doctor's office should attempt to arrange interpreter (if required). | <b>COMMENTS:</b> |
|---|------------------|