

UW Division of Gastroenterology Referral Request

UW Montlake Digestive Health Center Phone: 206-598-4377 Fax: 206-598-4303	UW Northwest Digestive Health Clinic Phone: 206-668-8400 Fax: 206-668-1130	Harborview Gastroenterology Clinic Phone: 206-520-5000 Fax: 206-744-6095	UW Eastside Specialty Center Phone: 425-646-7777 Fax: 206-598-6797
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Referring Provider Information:

Referring Provider (Last Name, First Name, Middle Initial)			Date (mm-dd-yyyy)
Referring Provider NPI	Primary Care Provider (Optional) (If different from referring provider above)		
Practice Name		Referring Provider Email	
Referring Provider Telephone	Referring Provider Fax	Referring Provider Cell / Pager	
Office Address			
City		State	Zip

Patient Information:

Patient Name (Last Name, First Name, Middle Initial)		Date of Birth (mm-dd-yyyy)
Sex <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other	Patient preferred language for healthcare communication	UW Medicine MRN
Patient Home Telephone	Patient Alternative Telephone	Patient Email (optional)
Patient Home Address		
City		State Zip
Patient Insurance Company		Subscriber Name (If different)
Subscriber DOB (If Different)	Subscriber ID	Group Number

Reason for Referral:

Diagnosis (include ICD Codes)	
Request Consult With <input type="checkbox"/> General GI <input type="checkbox"/> IBD (known dx) <input type="checkbox"/> Pancreas-Biliary / Advanced Endoscopy <input type="checkbox"/> Motility <input type="checkbox"/> PEG Team <input type="checkbox"/> Fred Hutch Cancer Center	
Referral to Provider (optional)	Priority <input type="radio"/> Routine <input type="radio"/> Urgent <input type="radio"/> Emergent
Service Being Requested <input type="checkbox"/> Clinic <input type="checkbox"/> Procedure (see next page) <input type="checkbox"/> Both	
Please provide a narrative of the clinical question to be answered (required):	
Previously seen by a gastroenterologist? <input type="radio"/> Yes <input type="radio"/> No	Name and practice information of prior gastroenterologist
Prior GI endoscopic procedures (provide dates and location so that we may initiate record requests)	
Prior GI Imaging (provide dates and location so that we may initiate record requests)	

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Gastroenterology Procedure Request:

Procedure(s) being requested

Colonoscopy EGD Sigmoidoscopy

PEG

Ileoscopy Pouchoscopy

Video Capsule Enteroscopy

Balloon Enteroscopy

Complex resection (EMR / ESD)

EUS ERCP

Hydrogen Breath Test (Select Substrate: Glucose Lactulose Lactose Fructose)

Other:

Anesthesia considerations (check all that apply)

Procedure type requires anesthesia assistance

High BMI (> 40)

Pulmonary disease (OSA/COPD, CF, Home O2, Pulm HTN)

Difficult airway (e.g. head-neck mass / prior head-neck surgery)

Significant cardiac / vasc disease (severe CHF / EF < 30, mod-severe AS, recent vasc stent precluding stopping of AC/AT agents)

ESLD w complications

ESRD w complications

Chronic narcotic use

Drug use (marijuana, ETOH, methamphetamine, etc)

Anxiety / PTSD / Other psych

Developmental delay

Significant neurological condition

Multiple medical comorbidities

Failed / intolerant of moderate sedation

Other:

Does the patient have an implantable cardiac device?

None ICD Pacemaker VAD

Is the patient on anticoagulation / antiplatelet medications? If so, indicate management instructions

Yes No

Is the patient diabetic and on a hypoglycemic regimen? If so, indicate management instructions

Yes No

Is the patient on GLP-1 agonist medication? If so, indicate management instructions

Yes No