



(808) 932-3730 Option #2 | (808) 932-3615 (Fax)

New Patient Referral Guidelines

General Requirements for All Gastroenterology Patients

- Completed referral sheet, demographics page, current medication list and most recent progress notes reflecting the need for referral
- Previous gastroenterology records if seen by another provider
- Last Colonoscopy and pathology, if applicable
- Last EGD and pathology, if applicable

Diagnosis Specific Requirements

Elevated Liver Enzymes & Hepatitis

- Viral Hepatitis Profile
- HCV Genotype
- Abnormal RUQ Ultrasound w/ Elastography
- PT/INR, Liquids

Anemia

- Iron profile, B12, Folate & Reticulocyte Count
- Fecal Occult Blood Testing

GERD

- Refer anyone with chronic symptoms that requires ongoing (>1yr) therapy of antacids, PPI or H-2 blocker; Hx treatment failure
- Refer GERD symptoms with dysphagia order UGI/Esophogram but don't delay referrals for results

Dysphagia

- Modified Barium Swallow with speech therapy if patient has coughing/aspiration

Routine Colorectal Screening

- Current H&P addressing heart and lungs
- PT/INR for patients on coumadin
- Patients should be >45 unless there is a positive immediate family history of colon CA then the trigger age is 40 or 10 years younger than the family member when they were diagnosed with colon CA

Abnormal Weight Loss

- CBC, TSH, LFTs
- Fecal Occult Blood Testing

Dyspepsia

- Stool H. pylori antigen
- Abdominal ultrasound (only if gallbladder present)
- Refer any patient requiring long term (>2months) treatment of H-2 blocker or PPI
- Refer anyone over 50 with new onset dyspepsia not H. pylori related

Persistent Nausea & Vomiting

- Abdominal Ultrasound
- Chem panel, CBC, TSH, Amylase