



The Reimer Clinic
 385 Frederick Street, Unit 6
 Kitchener, ON, N2H 2P2
 Phone: 519-957-9730
 Fax: 519-957-9732

The Reimer Clinic
 in the CareMedics Office inside Walmart
 1375 Baseline Road (at Clyde)
 Ottawa, ON, K2C 3L9
 Phone: 613-366-2021 Fax: 613-366-2025

Request		
<input type="checkbox"/> Consultation...	<input type="checkbox"/> and Gastroscopy	<input type="checkbox"/> and Colonoscopy

Indication(s)	
<input type="checkbox"/> anemia / melena	<input type="checkbox"/> screening at average risk (ie: age ≥ 50)
<input type="checkbox"/> dysphagia / odynophagia	<input type="checkbox"/> screening at higher risk (ie: family history, prior polyps, age ≥ 40 if 1° relative with colon cancer, etc.)
<input type="checkbox"/> persistent reflux despite PPI	<input type="checkbox"/> FOBT (+)
<input type="checkbox"/> persistent vomiting	<input type="checkbox"/> abdominal pain
<input type="checkbox"/> upper abdominal symptoms	<input type="checkbox"/> bleeding
<input type="checkbox"/> other:	<input type="checkbox"/> change in bowel habits
	<input type="checkbox"/> sudden weight loss

Past Medical History						
Moderate or severe cardiac / pulmonary / renal or hepatic disease? Please explain:					Yes	No
Myocardial infarction or stroke within six months?	Yes	No	Anticoagulation (including ASA) that cannot be safely stopped for one week?	Yes	No	
High risk for anesthesia / sedation?	Yes	No	Pulmonary embolism or aortic aneurysm?	Yes	No	
Sleep apnea?	Yes	No	Current treatment for diverticulitis?	Yes	No	
Pregnant?	Yes	No	ASA III or higher (severe systemic disease)	Yes	No	
Medications:			Allergies:			

Patient Name, Address, Health Card #, DOB: Patient Phone #: Today's Date:	Referring Physician Name, Address: MD Phone #: MD Fax #: Referring Physician #:
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Please FAX to 613-366-2025. Yes, (check) send me more referral forms. Also available at <http://reimerclinic.ca>.