

NORWICH GI ASSOCIATES, P.C.

REFERRAL GUIDELINES

Please Send Demographics Information on ALL Patients; Name, Address, Phones, Insurance, Etc.

Please indicate: Consultation ONLY OR Evaluation and Management

Referred for:

Records needed:

Routine Colon Cancer Screening

Family History

Repeat Colonoscopy or Endoscopy

Previous Colonoscopy/ Endoscopy with Biopsies

Abdominal Pain

Any and all Abdominal Studies, Exam Notes, Blood Studies
Abdominal Radiology
CT Scans, MRIs, Upper GI's

Anemia; GI Bleed; Rectal Bleed

Blood Studies, All Abdominal Studies
Previous Upper and Lower GI exams
Hemocult or Similar Exams
Any Treatments

Crohn's Disease; Colitis

Abdominal Exams; Previous
Colonoscopy, Biopsies, Blood Studies

Dysphagia (difficulty swallowing)

ENT Studies, Upper Abd. Exams

Elevated/Abnormal LFTs

Liver Function Tests

Hepatitis (Suspected or known)

Liver Function Tests,
Previous Treatments
Liver Studies (U/S, biopsies)

Reflux, GERD, Dyspepsia, Ulcers, Hernias

Treatment History, Upper Abd. Studies

ALL

Any Special Needs or Other Info, i.e. Needs Sign Interpreter, Dementia, etc.

If tests have been ordered but the results are not yet available, please tell us where and when they were (or will be) performed so we may obtain them.

THANK YOU!