Vitalis Comprehensive Healthcare

# PHYSICIAN REFERRAL FORM

**Rapid Access Clinics & Endoscopy**

**Fax: 431-456-0425** | **204-200-TALK(8255)**

17 Progress Way, Oak Bluff, MB R4G 0E3 | Email: referral@vitalishealthcare.ca

• Referrals triaged within 48 hours • Consultant review within 2 weeks of referral

## REFERRING PHYSICIAN

**Name:** _____
**Billing / CPSM #:** _____
**Clinic:** _____
**Phone:** _____ Fax: _____

## PATIENT

**Name:** _____
**PHIN:** _____ DOB: ___/___/_____
**Phone:** _____ Alt: _____
**Interpreter needed?** ☐ No ☐ Yes: _____

## SELECT CLINIC(S) — *tick all that apply. Criteria shown for guidance; clinical judgement always applies.*

### ☐ RAPID DIAGNOSTIC ONCOLOGY CLINIC

- Palpable mass requiring early tissue diagnosis
- Suspected malignancy on imaging or clinical exam
- Non-healing or recurrent skin or mucosal ulcer
- Abnormal bleeding – Hematochezia, melena, or hematemesis
- Dysphagia, dysphonia and odynophagia
- Unexplained weight loss with constitutional symptoms

### ☐ HEAD-NECK ONCOLOGY & ENDOCRINE SURGERY CLINIC

- Thyroid nodule on exam or imaging and hyperthyroidism/ Graves disease
- Radiofrequency ablation of benign thyroid nodules
- Hyperparathyroidism / elevated calcium with elevated PTH
- Neck mass persisting >3 weeks
- Hoarseness >3 weeks, dysphagia, or unexplained otalgia
- Flexible fibreoptic naso-laryngo-pharyngoscopy and pan-endoscopy

### ☐ RECTAL BLEEDING & ANORECTAL CLINIC

- Rectal bleeding with change in bowel habit
- Persistent bleeding not responding to conservative management
- Palpable anorectal mass, fistula, fissure, symptomatic hemorrhoids
- Iron-deficiency anemia with suspected lower GI source
- Abnormal screening result requiring urgent work-up

### ☐ HEMATURIA & PSA CLINIC

- Macroscopic hematuria, any age
- Microscopic hematuria + risk factors (>50, smoker, occupational)
- PSA above age-adjusted threshold, or rising PSA on serial testing
- Abnormal DRE regardless of PSA
- Incidental renal mass ≤4 cm; Bosniak II–IV cystic lesion

### ☐ UTERINE BLEEDING & ABNORMAL PAP CLINIC

- Postmenopausal bleeding (any episode)
- Heavy or intermenstrual bleeding not controlled medically
- Abnormal Pap: HSIL, ASC-H, AGC, or persistent LSIL
- Positive high-risk HPV with abnormal cytology
- Thickened endometrium on ultrasound

### ☐ LUMPS & BUMPS CLINIC

- Soft tissue mass requiring excision or biopsy
- Enlarging, painful, or symptomatic lipoma / cyst
- Lesion of uncertain etiology requiring tissue diagnosis
- Recent change in size or consistency of a long-standing mass
- Lumps and bumps near critical structures (eyes, ears, nose, mouth)

### ☐ SKIN CANCER CLINIC

- Pigmented lesion with ABCDE features or dermoscopic concern
- Non-healing ulcer or lesion >4 weeks
- Biopsy-proven BCC / SCC requiring excision
- Recurrent lesion at prior / Melanoma excision site

### ☐ MINOR TREATMENT CLINIC

- Minor procedures suitable for outpatient local anesthetic
- Ingrown toenail, abscess, laceration, foreign body
- Skin tag / benign lesion removal

## ☐ ENDOSCOPY SERVICES — *two on-site endoscopy suites. Tick the procedure(s) requested.* ***Eligibility criteria (ASA1 or 2, BMI <40, and Age 18-75)***

### ☐ COLONOSCOPY / FLEXIBLE SIGMOIDOSCOPY

- **URGENT –** suspected cancer on imaging / palpable mass
- Change in bowel habits, Rectal bleeding, iron def anemia
- Surveillance: prior polyp, CRC, or family history

### ☐ CYSTOSCOPY

- Macroscopic hematuria or microscopic hematuria with risk factors

### ☐ GASTROSCOPY (OGD)

- **URGENT –** suspected cancer on imaging
- Dyspepsia unresponsive to PPI
- Dysphagia/odynophagia
- Confirmation of celiac disease
- Surveillance: prior polyp, Barrett's and intestinal metaplasia

**Anticoagulants / antiplatelets:** ☐ None ☐ Yes: _____ **Diabetes:** ☐ No ☐ Yes **Sedation concerns / prior difficult scope:** _____

## REASON FOR REFERRAL / RELEVANT HISTORY *(Please attach recent labs, imaging, pathology, and medication list)*

_____

_____

**ATTACHED:** ☐ Labs ☐ Imaging ☐ Pathology ☐ Medication list ☐ Consult notes ☐ Other: _____

**URGENCY:** ☐ Routine ☐ Urgent
Reason for urgency: _____

**Signature:** _____
**Date:** ___/___/_____

Online referral forms are available at our website https://vitalishealthcare.ca/physician-referrals-to-vitalis-healthcare/

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