Women's Medicine Collaborative*
A Lifespan Partner
BY WOMEN. FOR WOMEN.™

Center for Women's Gastrointestinal Medicine
146 West River Street • Providence, RI 02904
Phone: 401-793-7080 • Fax: 401-793-7801
We have additional offices in Providence and East Providence.

Women's GI Medicine - Referral Form

REFERRAL TO: ☐ First Available Provider ☐ Colleen Kelly, MD ☐ Sara Wriston, NP
☐ Silvia Degli Esposti, MD ☐ Amanda Pressman, MD

PATIENT _____ DOB _____ /_____ / _____

ADDRESS _____

_____

PHONE Home _____ Cell _____ Work _____

May we leave a message stating the call is from "Women's Medicine Collaborative", "GI Medicine" or "Dr. _____'s office"? ☐ Yes ☐ No

PRIMARY INSURANCE _____ ID# _____

SECONDARY INSURANCE _____ ID# _____

REFERRING PROVIDER _____ PHONE _____ FAX _____

REASON FOR REFERRAL _____

_____

Patient is: ☐ NON-PREGNANT ☐ PREGNANT ☐ POSTPARTUM

Translator needed? ☐ No ☐ Yes - Language Spoken: _____

Fax with any pertinent records and lab/test results to: 401-793-7801 ~ Thank you.

☐ **GI Consultation** We treat women with conditions affecting the GI tract and the liver.

☐ **GI Disorders in Pregnancy Clinic** We treat hyperemesis, inflammatory bowel disease, hepatitis, and other gastrointestinal disorders in pregnancy.

☐ **Hepatology Clinic** We treat hepatitis B and C and other diseases affecting the liver.

☐ **Perinatal Hepatitis Program** We care for patients with hepatitis B and C through pregnancy offering counseling and appropriate medical therapy.

☐ **Pelvic Floor Disorders Program** We treat women with constipation, incontinence, and other defecation problems.

☐ **Inflammatory Bowel Disease and Celiac Disease Program** We provide comprehensive care for women including diagnosis and treatment, nutrition counseling, behavioral health support and surgical consultation by colorectal surgeons specialized in IBD.

☐ **Endoscopy Services – Open Access Booking:** ☐ **Colonoscopy** ☐ **Upper Endoscopy**
We provide colorectal cancer screening in our private, all-female endoscopy unit.
Please FAX Open Access Booking Sheet.

☐ **Evaluation for *C. diff*** We offer fecal transplantation for recurrent *C. difficile* disease.

☐ **Bacterial Overgrowth Test**

☐ **Lactose Breath Test**