Rhode Island Hospital
593 Eddy Street
Ambulatory Patient Center (APC) 5th Floor
Providence, RI 02903 Phone 401-444-5280 Fax: 401-444-4480
http://www.lifespan.org/rih/services/ambulatory/

GI CLINIC

MR#

Session Times: Wednesday Mornings and Thursday Afternoons

Patient's Name:	Date of Referral:
Address:	Referring Physician:
DOB: Sex:	Address:
SS#:	
Interpreter Required Y N Language	
Phone:	Phone:
Insurance:	Fax:

PLEASE REVIEW THE FOLLOWING GUIDELINES AND INCLUDE THE REQUIRED INFORMATION WITH THE REFERRAL. *Please note that when required all blood-test results must accompany the referral. Patients with no insurance, in need of plain x-ray, may proceed to the Rhode Island Hospital (RIH) radiology department with an appropriate order from the referring clinician. US, CT, MRI must first be scheduled by the referring clinician and the patient must call 444-7850 to speak to a Patient Financial Services (PFS) advocate if they choose to seek financial assistance from RIH. Thank-you!*

GUIDELINES:	Please follow the guideline below to facilitate patient care.
All REFERRALS:	Include pt's last PE, progress note for visit that generated referral, current med list, & pertinent labs.
INTRACTABLE HEARTBURN: EPIGASTRIC PAIN:	No worrisome symptoms, consider checking H.Pylori & treating if positive.
GI BLEEDING/OB+ STOOLS:	Include FOBT results, CBC, Iron studies where appropriate.
CHRONIC DIARRHEA/SUSPECTED IBD:	Include Stool WBC, Stool C&S, O&P, C. Difficile, CBC, ESR/CRP
IRON DEFICIENCY ANEMIA:	Include all iron, hematology, and stool guaiac studies.
HEMMORRHOIDS:	Consider surgical clinic referral if not responsive to conservative therapy.
CONSTPATION:	Check Chem-7, Calcium, Magnesium and Phosophorous
ABDOMINAL PAIN	Include CT or Ultrasound if appropriate. Check Chemistry, CBC, LST's, FOBTas appropriate.

Reason for Referral:

Signature: Print Name:

Clinic Use Only: Date Received: Coordinator Initials: RN Initials:

Appointment Given Patient Notified:

Triage Comments:

Signature: Print Name: