



Motility Referral Form

Esophageal Manometry Study • 24-Hour pH Study • Anorectal Manometry Study

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**NOTE: Referrals from Family Physicians will not be accepted. Referrals MUST come directly from the Endoscopist.
(Gastroenterologist or Surgeon)**

PATIENT INFORMATION		DATE OF REFERRAL:	
First Name:	Last Name:	Date of Birth:	
Address:		Apt. #:	City:
Postal Code:	Phone:	OHIP:	
Email: <i>*IMPORTANT – this is how our office will notify patient of an appointment</i>			
Translator Require: <input type="checkbox"/> YES <input type="checkbox"/> NO Language:		Is patient aware of referral? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Please select procedure requested: <input type="checkbox"/> Esophageal Manometry Study (EMS) <input type="checkbox"/> Esophageal Manometry Study & 24-Hour pH Study (EMS/pH) <input type="checkbox"/> Anorectal Manometry Study (RMS)			
Reason for Referral (EMS/pH Referral): <input type="checkbox"/> Dysphagia/Odynophagia <input type="checkbox"/> Proven GERD, Poor Rx Response <input type="checkbox"/> Atypical GERD (cough, laryngitis, dental erosions, etc.) <input type="checkbox"/> Other:			
<input type="checkbox"/> Pre-Fundoplication <input type="checkbox"/> Post-Fundoplication <input type="checkbox"/> Non-Cardiac Chest Pain			
Reason for Referral (RMS): <input type="checkbox"/> Fecal Incontinence <input type="checkbox"/> Constipation <input type="checkbox"/> Rectal Pain <input type="checkbox"/> Other:			
ADDITIONAL PAST RELEVANT MEDICAL HISTORY:			
REFERRAL MUST INCLUDE:			
<input type="checkbox"/> Consultation note <input type="checkbox"/> Most recent endoscopy report (including procedure report and biopsies) <input type="checkbox"/> Current list of medications			
REFERRING PHYSICIAN (Gastroenterologist or Surgeon only) Name: _____ Phone: _____ Fax: _____ Physician Signature: _____		<p>PLEASE INFORM PATIENT OF REFERRAL. OUR OFFICE WILL RESPOND WITH RECEIPT OF REFERRAL AND ESTIMATED WAIT TIME FOR APPOINTMENT.</p> <p>NOTE: An incomplete referral form may lead to delay in appointment booking</p>	