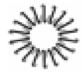

Rhode Island Hospital
A Lifespan Partner

RI Hospital Center for Primary Care
& Specialty Medicine
245 Chapman Street, Suite 300
Providence, RI 02905 Phone: 401-444-5280 Fax: 401-444-4480
http://www.lifespan.org/rih/services/ambulatory/

GI CLINIC

MR#

Session Time: Wednesday Mornings

Patient's Name:	Date of Referral:
Address:	Requesting 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	To expedite patient care, please follow these guidelines precisely. **Incomplete referrals will be returned and not processed until completed.**
All Referrals:	Include patent's last Physical Exam (H&P), progress note for visit that generated referral, current medication 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
Hemorrhoids	Consider surgical clinic referral if not responsive to conservative therapy
Constipation	Check Chem-7, Calcium, Magnesium, and Phosphorous
Abdominal Pain	Include CT or Ultrasound if appropriate. Check Chemistry, CBC, LST's, FOBT as appropriate

Reason for Referral:

Signature: Print Name: