High Risk Iron Deficiency Anemia (IDA) Pathway for Colorectal and other GI Cancer Diagnoses – Referral Checklist

Patient label placed here (if applicable) or if labels are not used, minimum information below is required.

Name (last, first) _____

Birthdate (yyyy-Mon-dd) _____

Phone number _____

Address _____

PHN _____ Gender _____

Fax referral form AND referral checklist below to SHARP-GI in Edmonton at 780-670-3607 or GI-CAT in Calgary at 403-944-6540

REQUIRED FOR REFERRAL *(check all that apply)*

Signs of Iron Deficiency Anemia (IDA)

☐ Hb <130g/L (male) or <120g/L (female), AND ☐ Serum Ferritin <45 ug/L

REQUIRED FOR URGENT REFERRAL – Should be evaluated within 2 weeks by colonoscopy

☐ IDA with >30g/L drop in Hb, OR
☐ IDA with Hb <100g/L, OR

IDA with at least one of the following alarm symptoms not previously investigated by complete colonoscopy in the last 2 years (check all that apply):

☐ Significant diarrhea, as can occur in inflammatory bowel disease (IBD)
☐ Unintentional weight loss (≥ 5-10% of body weight over 6 months)
☐ Significant and progressive change in bowel habit
☐ Significant abdominal pain

REQUIRED FOR SEMI-URGENT REFERRAL – Should be evaluated < 8 weeks by colonoscopy

☐ IDA with <30g/L drop in Hb, AND
☐ IDA with Hb >100g/L

INVESTIGATIONS THAT WILL ASSIST WITH TRIAGE *(check all that apply)*

☐ Anti-platelet agents and/or anti-coagulants (please attach medication list)

☐ Results of physical exam (rectal exam strongly advised if change in bowel habit, or lower abdominal pain):

_____

Baseline Investigations within 8 weeks of referral – results attached?

☐ **CBC (Required)**
☐ **Serum Ferritin (Required)**
☐ Serum Iron
☐ TIBC
☐ Transferrin saturation
☐ Creatinine
☐ Alkaline Phosphatase
☐ Bilirubin
☐ ALT
☐ TTG (if indicated)
☐ CRP (if indicated)

Type of referral	**Is your patient aware of the referral?**
☐ Urgent (<2 weeks to gastroscopy and/or colonoscopy) ☐ Semi-urgent (<8 weeks to gastroscopy and/or colonoscopy)	☐ Yes ☐ No

Referred By (Name): _____ Family Physician Name (if different): _____

☐ Family Physician ☐ Walk-In Clinic ☐ Emergency Dept. ☐ Other

OFFICE USE ONLY:

Referral Complete ☐ Yes ☐ No Referral Re-Directed to Another Program ☐ Yes ☐ No