

Last Name  
 First Name  
 Address

 Health Card #  
 Phone (H)  
 Email Address  
 DoB

 Version Code  
 Phone (C)

 Gender  Female  Male

**Telemedicine IBD Consultation Request**
**Mount Sinai Hospital IBD Centre**  
**600 University Avenue – 4<sup>th</sup> Floor**  
**Toronto, Ontario, M5G 1X5**  
**paceibd.msh@sinaihealthsystem.ca**
**To be processed, please complete all fields on this referral form**
**Referring Physician or NP Information**

 Name  
 OHIP Billing #  
 Address

 Phone  
 Signature  
 Request Date (YYYY MM DD)

Fax

**Referral to:** (check one)

- 
- First available appointment
- 
- 
- Dr. G. Nguyen
- 
- Dr. K. Croitoru
- 
- Dr. Gallinger
- 
- 
- Dr. M. Silverberg
- 
- Dr. H. Steinhart
- 
- Dr. A. Weizman
- 
- 
- Dr. Huang

**Preferred OTN site** (if known):

- Reason for Referral**
- (check all that apply)
- 
- Diagnosis of IBD
- 
- Assume ongoing IBD management
- 
- 
- Second opinion (Please provide specific question or issue):

**Referral Priority** (check one)     Urgent\* (within 14 days)     Expedited (within 1 month)     Standard (up to 3 months)

**Note:** We endeavor to see patients as quickly as possible based on their degree of urgency. For urgent referrals\*, please provide a brief overview to support the urgent request:

**Diagnosis:**     Crohn's Disease     Ulcerative Colitis     IBD - unclassified     Suspected IBD

Disease Location:

**Please provide copies of the following information with the referral:**

- 
- Recent Imaging Results
- 
- Endoscopy or Surgical Reports
- 
- Blood Work

**Current Medications and Doses**

- 1.
- 
- 2.
- 
- 3.
- 
- 4.
- 
- 5.

**Past IBD Surgical Procedures**

- 1.
- 
- 2.
- 
- 3.
- 
- 4.
- 
- 5.

IBD CENTRE USE ONLY		
Date Received (YYYY MM DD)	Next Available Date (YYYY MM DD)	Scheduled by:
Date Processed / Patient Contact Date (YYYY MM DD)	Appointment Date (YYYY MM DD)	Appointment Time: HH: YYYY MM DD

**FAX or EMAIL COMPLETED FORM TO: 416-586-5971 or [paceibd.msh@sinaihealthsystem.ca](mailto:paceibd.msh@sinaihealthsystem.ca)**