



Motility Referral Form

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

TEL: (519) 646-6000 ext. 61312		FAX: (519) 646-6130		Email: DrMcIntoshOffice@sjhc.london.on.ca	
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"/> Pre-Fundoplication			
<input type="checkbox"/> Proven GERD, Poor Rx Response		<input type="checkbox"/> Post-Fundoplication			
<input type="checkbox"/> Atypical GERD (cough, laryngitis, dental erosions, etc.)		<input type="checkbox"/> Non-Cardiac Chest Pain			
<input type="checkbox"/> Other:					
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 (<i>including procedure report and biopsies</i>)			
<input type="checkbox"/> Current list of medications					
REFERRING PHYSICIAN			PLEASE INFORM PATIENT OF REFERRAL. OUR OFFICE WILL RESPOND WITH RECEIPT OF REFERRAL AND ESTIMATED WAIT TIME FOR APPOINTMENT. NOTE: An incomplete referral form may lead to delay in appointment booking		
Name: _____					
Phone: _____ Fax: _____					
Physician Signature: _____					