

# Gastroenterology Referral Documentation

## Patient Information

Name

Date of Birth

Gender

Contact Details

Patient ID / MRN

## Referring Practitioner

Provider Name

Facility/Practice

Contact Details

## Referral Details

Reason for Referral

Urgency

Specific Questions to Gastroenterologist

## Clinical Summary

### Relevant Medical History

### Current Medications

### Allergies

### Relevant Examination/Lab Findings

## Attachments

### List of Attached Documents or Reports

## Signature

### Referring Practitioner Signature

### Date