birmingham gastroenterology

REFERRAL FORM

O: 205.271.8000 | **F:** 205.329.7444 | **EMR Email:** direct@bgapc.allscriptsdirect.net

PATIENT INFORMATION

Full Name: _____

Date of Birth: ____/____/____ **SSN:** _____ **Gender:** ☐ Male ☐ Female

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **E-Mail:** _____

Insurance Carrier: _____ **Insurance Policy#:** _____

Insurance Group #: _____ **Effective Date:** _____

Primary Care Doctor: _____ ☐ **Check if Primary Care Doctor is Referring Doctor**

What would you like to schedule?: ☐ Office Visit ☐ Procedure

Office Visit Purpose:

- ☐ GERD/ Acid Reflux/ Heart Burn
- ☐ Abdominal Pain
- ☐ Hemorrhoids
- ☐ Constipation
- ☐ Diarrhea
- ☐ Irritable Bowel Syndrome (IBS)
- ☐ Fecal Incontinence
- ☐ Crohn's Disease
- ☐ Ulcerative Colitis
- ☐ Dysphagia
- ☐ Nausea / Vomiting
- ☐ Elevated LFTs / Fatty Liver
- ☐ Rectal Bleeding / Blood in Stool
- ☐ Hepatitis
- ☐ Change in Bowel Habits
- ☐ Celiac Disease
- ☐ **Other:** _____

Procedure(s) Ordered:

- ☐ Screening Colonoscopy Age 45+
- ☐ Colonoscopy: Positive Cologuard / FIT
- ☐ Colonoscopy
- ☐ Upper Endoscopy (EGD)
- ☐ Capsule Endoscopy
- ☐ Endoscopic Ultrasound (EUS)
- ☐ Esophageal Manometry
- ☐ Endoscopic Retrograde Cholangiopancreatography (ERCP)
- ☐ Flexible Sigmoidoscopy
- ☐ Barrett's Esophagus Ablation
- ☐ Non-Surgical Hemorrhoid Therapy
- ☐ Axonics Therapy for Fecal Incontinence
- ☐ Transoral Incisionless Fundoplication (TIF)
- ☐ **Other:** _____

Diagnosis: _____

Must have diagnosis unless procedure ordered is a screening colonoscopy.

REFERRING PROVIDER INFORMATION:

Referring Provider Name: _____ **Provider NPI Number:** _____

Phone Number: _____ **Fax Number:** _____

Email Address: _____ **EMR Direct Messaging Address:** _____

Office/Clinic Name: _____ **City:** _____ **Contact Name:** _____

Please fill out all of the above so we can ensure patient reports are sent to the referring provider.

Please indicate the gastroenterologist requested:

- ☐ **Owen R. McLean, MD**
- ☐ **Christopher P. Shaver, MD**
- ☐ **Rajat N. Parikh, MD***
- ☐ **Rishi K. Agarwal, MD**
- ☐ **Charles A. Dasher, Jr., MD**
- ☐ **Donny D. Kakati, MD**
- ☐ **Michael T. Phillips, MD***
- ☐ **David T. Steele, MD**
- ☐ **Michael J. Passarella, MD**
- ☐ **Carrie E. Rothermel, MD**
- ☐ **Swaroop Vitta, MD**
- ☐ **Brian P. McGrath, MD**
- ☐ **Landon K. Brown, MD***
- ☐ **J. Stewart Herndon, MD**
- ☐ **No Preference**

*Indicates Advanced Endoscopy Physician for ERCP & EUS.

Where to Send Referral:

Referrals can be sent via fax or electronically via your EMR's direct messaging function. For questions regarding referrals, visit bgapc.com/referral or call 205-271-8000 and press 1.

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