



THE EMORY CLINIC
GASTROENTEROLOGY

P: 404-778-3184 F: 404-778-2925
www.emoryhealthcare.org

Thank you for entrusting Emory Healthcare with your patient. In order to provide the best service for you and your patient, please take a moment to complete the following form.

Date of Request: _____

Please fax request to: 404-778-2925

Visit Type: ☐ Clinic Visit ☐ Procedure**

Second Opinion: ☐ Yes ☐ No

Location Preference: ☐ Emory University/Clifton Road ☐ St. Joseph's/Dunwoody ☐ John's Creek ☐ Spivey Station ☐ Emory Decatur

Provider Preference:

Physician

☐ First Available MD

General GI

- ☐ Ibrahim Abubakar, MD
☐ Jasna Beard, MD
☐ Francis LeVert, MD
☐ Brianna Lewis, MD
☐ Julia Massaad, MD
☐ Sobia Mujtaba, MD
☐ Mechu Narayanan, MD
☐ Tom McGahan, MD
☐ Sonali Sakaria, MD
☐ Kavya Sebastian, MD
☐ Robert, Strauss, MD

Celiac Disease

- ☐ Sonali Sakaria, MD
☐ Kavya Sebastian, MD

Inflammatory Bowel Disease

- ☐ Jasna Beard, MD
☐ David Eskreis, MD
☐ Heba Iskandar, MD
☐ Sobia Mujtaba, MD
☐ Harini Naidu, MD
☐ Mohammed Razvi, MD

Motility

- ☐ Anand Jain, MD
☐ Ibrahim Abubakar, MD
☐ Brianna Lewis, MD

Esophageal

- ☐ Anand Jain, MD

Biliary, Pancreatic Diseases & Advanced Endoscopy

- ☐ Saurabh Chawla, MD
☐ Steven Keilin, MD
☐ Vaishali Patel, MD
☐ Jordan Orr, MD
☐ Field Willingham, MD

Advanced Practice Providers

- ☐ First Available (incl. NPs and PAs)

Dietician

- ☐ Anju Sharma, RD

For liver referrals, please call the Emory Transplant Center at 855-366-7989.

Please see page 2 for Referral Records Requirement

Patient Information

First Name: _____
Last Name: _____
Date of Birth: _____
Telephone (Primary): _____
Emory MRN (if known): _____

- ☐ Please contact patient to schedule appointment
☐ This patient will contact your office to schedule
☐ Patient has been informed referral is being placed

Referring Provider Information

Referred By: _____
Telephone Number: _____
Pager Number: _____
Email: _____
Preferred Contact Method:

- ☐ Telephone ☐ Email

- ☐ Please have the GI provider contact the referring physician prior to the patient's appointment

Required Records

Please include all needed records with referral form. Specialty Specific Records below:

General GI

1. Clinic/Hospitalization Notes
2. All labs within the last year
3. All EGD/Colonoscopy (color preferred)
4. Any pertinent pathology reports
5. All imaging within last 2 years (US, CT, MRI, gastric emptying study)
6. If applicable: color copy of capsule study, motility studies (esophageal/anorectal manometry, Bravo/pH impedance), breath test studies.

Biliary, Pancreatic Diseases & Advanced Endoscopy

1. Clinic/Hospitalization Notes,
2. All labs within the last year,
3. All EGD/Colonoscopy/Enteroscopy/ERCP/EUS/RUS Reports (color preferred)
4. Any pertinent pathology reports.
5. In addition to the records outlined above the specific procedures below will need the noted records:
 - Balloon Enteroscopy – Color Copy of Capsule Report
 - Barrett's with Dysplasia – Outside Pathology Slides
 - GPOEM – 4-Hour Gastric Emptying Results
 - POEM – Color Copy of Esophageal Manometry Report

Inflammatory Bowel Disease

1. Clinic/Hospitalization notes (including sub-specialty notes: Colorectal Surgery, Rheumatology, Dermatology etc.)
2. All Labs within the last year
3. All EGD/Colonoscopy Reports (color preferred)
4. Any pertinent pathology reports (i.e. endoscopic/surgical)
5. Color Copy of Capsule Report
6. Any pertinent operative reports
7. All imaging (CT, MRI)
8. Last infusion note
9. Vaccination records.

Motility

1. Clinic/Hospitalization Notes
2. All EGD/Colonoscopy (color preferred)
3. Any pertinent pathology records
4. All motility studies (Esophageal/anorectal manometry, Bravo/pH impedance,) with color photos/tracings
5. All imaging (CT, MRI, Upper GI/barium esophagram, gastric emptying study, small bowel follow through, sitz marker study, defecography) within last 2 years.
6. Indication for referral: - Achalasia/Esophageal motility disorder
 - Eosinophilic esophagitis/gastritis
 - Gastroparesis
 - Small bowel dysmotility/pseudoobstruction
 - Colonic inertia/anorectal disorder

Incomplete records could delay the scheduling of patients.

If your practice uses Epic please encourage patients to participate in Care Everywhere for easier record sharing.

Gastroenterology Procedures

Please check all applicable referral procedures for patient

Endoscopic Bariatric Therapy

- ☐ Endoscopic Weight Loss Balloon (Orbera and ReShape)
- ☐ Endoscopic Sleeve Gastroplasty (ESG)
- ☐ Endoscopic Closure of Fistula or Leak
- ☐ Endoscopic Dilation of Surgical Stenosis

General GI

- ☐ Breath Test
 - ☐ Fructose Intolerance
 - ☐ Lactose Intolerance
 - ☐ Bacterial Overgrowth
- ☐ Colonoscopy
- ☐ Esophagoduodenoscopy (EGD)
- ☐ Fecal Microbiota Transplant
- ☐ Capsule Endoscopy

IBD

- ☐ Chromoendoscopy
- ☐ Biologic Infusion Therapy
- ☐ Capsule Endoscopy

Motility

- ☐ 96 Hour Bravo pH Study
- ☐ Anorectal Manometry
- ☐ EndoFLIP® Esophageal Function Testing
- ☐ High Resolution Esophageal Manometry
- ☐ pH Impedance
- ☐ Sitz Marker Study
- ☐ Pneumatic dilation

Nutrition

- ☐ Percutaneous Endoscopic Gastrostomy
- ☐ PEG-J Tube Placement
- ☐ Short Bowel Evaluation
- ☐ Total Parenteral Nutrition
- ☐ Percutaneous Endoscopic Jejunostomy

Advanced/Pancreaticobiliary

- ☐ Dilation: Esophageal, Gastroduodenal
- ☐ Endoscopic Anti-Reflux Therapy (TIF)
- ☐ Endoscopic Mucosal Resection (EMR)
- ☐ Endoscopic Submucosal Dissection (ESD)
- ☐ Endoscopic ultrasound
 - ☐ Rectal ultrasound
 - ☐ Fiducial marker placement
 - ☐ Cystgastostomy/Necrosectomy
 - ☐ EGDE procedure
- ☐ Endoscopic Retrograde Cholangiopancreatography (ERCP)
 - ☐ Biliary
 - ☐ Cholangioscopy/Pancreatoscopy
 - ☐ Pancreatic
- ☐ Single/Double Balloon Enteroscopy
- ☐ Enteral Stenting
 - ☐ Esophageal
 - ☐ Gastroduodenal
 - ☐ Colonic
- ☐ Gastric Per-Oral Endoscopic Myotomy (G-POEM)
- ☐ Per-Oral Endoscopic Myotomy (POEM)
- ☐ RFA
- ☐ Cryotherapy