

PATIENT REFERRAL FOR REGIONAL GI (please use form or attach with your software generated referral)

PATIENT DETAILS

Name: _____
Address: _____
Phone: _____
Mobile Phone: _____
DOB: _____
Medicare: _____
Health Fund: YES NO

REFERRER DETAILS

Name: _____
Practice Name and Address: _____
Provider Number: _____
Phone Number: _____
Email: _____
Date of Referral: _____

REFERRAL

Dr Nishmi Gunasingam Dr Lindsay Chow Dr Andrew Kim Next Available

Urgent? YES NO
 Consultation
 Direct access gastroscopy (see Direct access referral) Health Fund Self Funded
 Direct access colonoscopy (see Direct access referral) Health Fund Self Funded
 Capsule endoscopy
 High resolution manometry / pH study

Reason for referral

Relevant past medical history

Diabetes Medication YES

Anti platelets, Warfarin or DOACS YES

Investigations performed and where:

Signature: _____ Referral valid for 3 MONTHS 12 MONTHS

DIRECT ACCESS ENDOSCOPY REFERRAL

PATIENT DETAILS

Name: _____

Address: _____

Phone: _____

Mobile Phone: _____

DOB: _____

Medicare: _____

Health Fund: YES NO

REFERRER DETAILS

Name: _____

Practice Name and Address: _____

Provider Number: _____

Phone Number: _____

Email: _____

Date of Referral: _____

- Gastroscopy +/- intervention
 Colonoscopy +/- intervention
 Health Fund Self Funded Uninsured

Medical history:

Weight:

Height:

Cardiac History (stent, pacemaker, defibrillator):

Medications:

Anti-platelets, anti-coagulants, diabetic tablets or diabetic injectables?

INDICATIONS

Gastroscopy

- FH of stomach cancer
- Unexplained iron deficiency +/- anaemia
- Coeliac disease suspected or confirmed
- Unexplained abdominal pain and weight loss
- GORD/Dyspepsia
- Dysphagia/odynophagia
- Persistent vomiting and weight loss
- Screening/surveillance Barrett's oesophagus
- Screening/surveillance Gastric intestinal metaplasia

Colonoscopy

- Positive FOBT
- Screening/family history of CRC
- Surveillance, previous polyps
- Unexplained iron deficiency +/- anaemia
- Rectal bleeding
- Bloody diarrhoea with negative stool MC/S
- Change in bowel habit > 8 weeks
- Unexplained abdominal pain and weight loss
- After first episode of proven diverticulitis exclude cancer

Signature: _____

Referral valid for

- 3 MONTHS 12 MONTHS