

Direct Access Endoscopy - Referral Form

This service has been developed to provide access for patients presenting with conditions that require gastroscopy or colonoscopy with one of the participating medical specialists associated with Sydney Private Hospital.

Patient Details

Name: _____ Date of Birth: ____ / ____ / ____
 Address: _____
 Tel: _____ Mob: _____
 Have you previously been a patient at Sydney Private Hospital? No Yes Year: _____
 Medicare Number _____ Reference Number ____ Date of Birth: ____ / ____ / ____
 Health Fund: _____ Member Number: _____
 DVA Number: _____ Other: _____
 (Patient needs to have private hospital cover or DVA to be eligible for Direct Access Endoscopy)

General Practitioner's Details

Name: _____
 Address: _____
 Provider Number: _____ Signature: _____ Date of Birth: ____ / ____ / ____

Procedure Required

Gastroscopy Colonoscopy
 The patient will receive a brief consultation on the day with a participating specialist prior to their procedure

Indication for Referral for GASTROSCOPY

Abdominal bloating Oesophageal reflux
 Test for coeliac disease/lactose intolerance Difficulty Swallowing
 Other _____

Indication for Referral for COLONOSCOPY

Positive FOBT Family history of bowel cancer
 PR bleeding Changes in bowel function
 Other _____ Previous polyp or colonic cancer requiring surveillance

Current Medications

Conditions NOT suitable for Direct Access Endoscopy

- Age > 75 - Problem with Anaesthesia - Congestive Cardiac Failure
 - BMI > 40 - Type 1 Diabetes - Advanced Lung Disease
 - Use of Clopidogrel, Ticagrelor (Brilinta) or Prasugrel (Effient) - Type 2 Diabetes on Insulin - Epilepsy
 - Anticoagulant medication - Renal insufficiency

(The above mentioned patients require consultation with the Gastroenterologist in their rooms.)

Office use only

Pre admission ECG Date of procedure _____ Faxed/emailed to rooms
 Dr Allocated: _____