Ramsay Health Care

☐ Ramsay Surgical Centre Coffs Harbour
☐ Baringa Private Hospital

OPEN ACCESS REFERRAL FORM FOR ☐ GASTROSCOPY ☐ COLONOSCOPY

(Please tick procedure)

SURNAME: **PH:**

GIVEN NAME:

DOB: **SEX:** ☐ Male ☐ Female

AFFIX PATIENT IDENTIFICATION LABEL HERE

DOCTOR (Please tick surgeon)	☐ Dr Abraham	☐ Dr Das	☐ Dr Guettner	☐ Dr Petrushnko
	☐ Dr Prudence	☐ Dr Ramsay	☐ Dr Roussos	☐ Dr Salindera
	☐ Dr Su	☐ Dr Sutherland	☐ Dr Wenman	
FACILITY (Please tick facility)	☐ Baringa Private Hospital		☐ Ramsay Surgical Centre Coffs Harbour	

PROCEDURE DETAILS
(Please tick procedure)

Indications for Colonoscopy		Indications for Gastroscopy	
Rectal Bleeding	☐	Dyspepsia	☐
Change in bowel habit	☐	Gastro-esophageal reflux	☐
Constipation	☐	Upper abdominal pain	☐
Diarrhoea	☐	Dysphagia (please do Barium Swallow first)	☐
Lower abdominal pain	☐	Iron deficiency	☐
Previous colorectal cancer/polyps	☐	Other (please specify):	
Family history of colorectal cancer	☐	**Other Details**	
Positive Faecal occult blood test	☐	**Patients Height**	
Iron deficiency	☐	**Patients Weight**	
Abnormality on barium enema	☐	**BMI**	
Other (please specify):		**Patient over 50 years of age?**	☐ Yes ☐ No

PATIENT MEDICAL DETAILS

Is patient diabetic?	☐ Yes ☐ No	If yes, is patient taking insulin?	☐ Yes ☐ No
Is patient on Anticoagulant Drugs?	☐ Yes ☐ No	If yes, can it be stopped?	☐ Yes ☐ No
Is patient on Antiplatelet Drugs?	☐ Yes ☐ No	If yes, can it be stopped?	☐ Yes ☐ No
Does patient have sleep apnoea?	☐ Yes ☐ No	If yes, does the patient require CPAP?	☐ Yes ☐ No
Does patient have any allergies?	☐ Yes ☐ No	If yes, please specify:	
Is the patient on GLP-1 Inhibitor?	☐ Yes ☐ No	If yes, please cease for 2/52 prior to procedure.	
This patient has no major cardiovascular or respiratory problems which may contraindicate intravenous sedation/general anaesthesia - If in doubt, please arrange a routine referral to the rooms.			☐ Yes ☐ No

Please attach a GP health summary including current medications and return this form to endoscopist's rooms

Name: **Provider No:**

Signature: **Date:** Reset Form