Ramsay Health Care
☐ Ramsay Surgical Centre Coffs Harbour
☐ Baringa Private Hospital

# OPEN ACCESS REFERRAL FORM FOR
# ☐ GASTROSCOPY ☐ COLONOSCOPY

(Please tick procedure)

**SURNAME** Click or tap here to enter text. **PH:**

**GIVEN NAME** Click or tap here to enter text.

**DOB** Click or tap to enter a date. **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): Click or tap here to enter text. | |
| Family history of colorectal cancer | ☐ | **Other Details** | |
| Positive Faecal occult blood test | ☐ | **Patients Height** | Click or tap here to enter text. |
| Iron deficiency | ☐ | **Patients Weight** | Click or tap here to enter text. |
| Abnormality on barium enema | ☐ | **BMI** | Click or tap here to enter text. |
| Other (please specify): Click or tap here to enter text. | | **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: Click or tap here to enter text. | |
| 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:** Click or tap here to enter text.

**Provider No:** Click or tap here to enter text.

**Signature:** Click or tap here to enter text.

**Date:** Click or tap to enter a date.