AlfredHealth

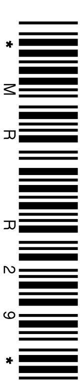
■ Alfred ☐ Sandringham ☐ Caulfield

Unit:………………………………….

REFERRAL FOR GASTROINTESTINAL ENDOSCOPY

Fax referral to: 9076 2194   Enquiries: 9076 0213

UR:	
Family Name	
Given Names	
Date of Birth	Gender: ☐ Male ☐ Female



Patient Details

Previous Alfred Health patient	❑ No ❑ Yes	If yes, UR	
Family Name		Given Name	
DOB		Gender	❑ Male ❑ Female
Address			
Telephone		Medicare No	
Interpreter required ❑ No ❑ Yes Language			

❑ Gastroscopy	❑ Colonoscopy or ❑ Flexible Sigmoidoscopy
❑ Bleeding ❑ Haematemesis / malaena ❑Iron deficient anaemia (attach FBE / Fe studies)	❑ PR Bleeding ❑ Bright ❑ Dark / mixed ❑ FOBT ❑ NBCSP Duration ____________ ❑ Iron Deficient Anaemia (attach FBE / Fe studies)
❑ Dysphagia ❑ Loss of Weight	
❑ Abnormal imaging (attach report)	❑ Altered bowel habit ❑ Diarrhoea ❑ Constipation: Duration ______
❑ Pain ❑ Dyspepsia ❑ Reflux ❑ Atypical chest pain	❑ Known large polyp (attach report)
	❑ Abnormal imaging (attach report)
❑ Nausea / vomiting / loss of appetite	❑ Surveillance ❑ Previous Ca ❑ Previous polyps ❑ Family history Ca (details below) ❑ IBD
❑ Barrett's screening	
❑ Small bowel biopsy – coeliac screening	
❑ Varices: possible therapy	❑ Loss of weight % of body weight lost ____________ Duration ______________________
❑ Other *(detail)*	❑ Other *(detail)*

Inpatient / Complex / Therapeutic Referrals: Discussed with ❑ Gastro Reg ❑ Consultant _______

❑ PEG ❑ ERCP ❑Endoscopic ultrasound ❑ Balloon Enteroscopy ❑ Antegrade ❑ Retrograde

Details

Anti Coag / Anti Platelet Therapy		**Comordibities** *(must be completed)*
❑ NONE	Can it be stopped?	❑ NONE
❑ DOACs	❑ Yes ❑ No	❑ Cardiac
❑ Clopidogrel	❑ Yes ❑ No	❑ Respiratory
❑ Warfarin	❑ Yes ❑ No	❑ Renal
❑ Other	❑ Yes ❑ No	❑ Diabetes: ❑ Type 1 ❑ Type 2
Allergies	❑ Nil known ❑ Yes	❑ Vancomycin Resistant Enterococci
______________________________		❑ Blood Borne Virus *(detail)*

Comments

Referring Doctor Details

Doctor Name		Referring Unit/Clinic			
Address					
Provider Number		Phone		Fax	
Signature				Date	
Copy to					

Gastroenterology Department, Ground Floor, Alfred Centre, 99 Commercial Road, MELBOURNE VIC 3004

- Incomplete / inadequate referrals will be returned to the referring doctor
- Patients will usually be seen in the Endoscopy Clinic for assessment prior to procedure

Scanned to: Referrals