

☐ Alfred ☐ Sandringham ☐ Caulfield

REFERRAL FOR ANORECTAL PHYSIOLOGY

- Attach any current reports and investigations
- Your patient will be contacted with appointment details

Enquiries: Dept of Gastroenterology T 9076 2223
Send referral to: F 9076 2194 E gastroinfo@alfred.org.au
Address: Dept of Gastroenterology, Alfred Centre
 Ground Floor, 99 Commercial Road, Melbourne, VIC, 3004

Patient Details

*mandatory fields

Family Name*				Given Name*			
Date of Birth*				Sex	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other
Address*					Telephone*		
Medicare No			Reference No		Expiry		
<input type="checkbox"/> Bulk Bill <input type="checkbox"/> DVA <input type="checkbox"/> Other							
Interpreter	<input type="checkbox"/> Yes <input type="checkbox"/> No		Language				
Aboriginal or Torres Strait Islander							
Cultural considerations / special needs							
Contact Person	Name						
	Relationship				Telephone		

Gastroenterology Investigation required

- ☐ Anorectal Physiology (Manometry, neurophysiology, ultrasound)
☐ Transrectal / Endoanal Ultrasound only
☐ Other, specify

Note: All include a procedure related consultation

- ☐ Dr Rebecca Burgell ☐ Mr Chip Farmer ☐ Mr Stewart Skinner
☐ or next available appointment

Clinical notes / Reason for referral

- ☐ Incontinence ☐ Constipation ☐ Fistula assessment ☐ Rectal / anal tumour

Referrer Details

Date of Referral

Provider No

Name

Address

Telephone

Email

Fax

Copies to