AlfredHealth

UR

☐ Alfred ☐ Sandringham ☐ Caulfield

REFERRAL FOR CAPSULE ENDOSCOPY

- 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 ☐ Female ☐ Male ☐ Other	
Address*		Telephone*	
Medicare No		Reference No	Expiry
☐ Bulk Bill ☐ DVA ☐ Other			
Interpreter	☐ Yes ☐ No	Language	
Aboriginal or Torres Strait Islander	TSI not Aboriginal		
Cultural considerations / special needs			
Contact Person	Name		
	Relationship		Telephone

Clinical Criteria for Medicare funding

☐ Yes ☐ No has no recurrent or persistent bleeding
☐ Yes ☐ No is anaemic or has active bleeding
☐ Yes ☐ No has had gastroscopy
☐ Yes ☐ No has had colonoscopy
☐ Yes ☐ No previous capsule endoscopy

Endoscopy Results
Gastroscopy _____

Colonoscopy _____

Indication

☐ Overt bleeding ☐ Obscure bleeding
☐ Melaena
☐ Haematochezia
☐ Anaemia
Hb g/L _____

Duration of anaemia _____
☐ Peutz-Jeghers Syndrome

Therapy required
☐ Blood transfusion
☐ Iron Therapy ☐ IV ☐ IM ☐ Oral

History

☐ Yes Crohns Disease
☐ Yes Bowel obstruction
☐ Yes Known stenoses / fistulae
☐ Yes GI malignancy
☐ Yes Swallowing difficulties
☐ Yes Radiation enteritis
☐ Yes Diabetes, Type 1 / Type 2

Medication

☐ Iron tablets / multivitamin – cease 1 week prior
☐ Aspirin
☐ Warfarin, heparin, clexane
☐ Clopidogrel
☐ NSAIDS
☐ Prednisolone
☐ Other

Additional information

Referrer Details		Date of Referral		Provider No	
Name		Address			
Telephone		Fax			
Email		Copies to			

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