AlfredHealth

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☐ Alfred ☐ Sandringham ☐ Caulfield

REFERRAL FOR INTESTINAL ULTRASOUND

- 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	

Reason for referral / health issues to be addressed

Patient describes	Clinician expects	Clinician believes symptoms are of	Other
☐ Clinical remission	☐ Remission	☐ Active IBD	☐ Perianal Fistula
☐ Active disease	☐ Activity	☐ Remission	☐ Other, *specify*
		☐ Functional GI disorder	

Inflammatory Bowel Disease Classification

Crohn's Disease

☐ **L1**: Ileal
☐ **L2**: Right colon
☐ **L2**: Left colon
☐ **L2**: Pan colitis
☐ **L4**: Upper GI
☐ **L4**: Jejunal
☐ **L3**: Ileal + right colon
☐ **L3**: Ileal + left colon
☐ **L3**: Ileal + pancolitis
☐ **P1**: Perianal fistulae

Ulcerative Colitis

☐ **C1**: Proctitis
☐ **C2**: Left sided colitis (to splenic flexure)
☐ **C3**: Extensive colitis

Current IBD Medications

☐ Prednisolone
☐ Budesonide
☐ Hydrocortisone
☐ Sulfasalazine
☐ Mesalazine
☐ Azathioprine
☐ Tofacitinib
☐ Calcineurin Inhibitors (ciclosporin / tacrolimus)
☐ 6MP
☐ Methotrexate
☐ Infliximab
☐ Adalimumab
☐ Vedolizumab
☐ Ustekinumab
☐ Nil
☐ Other

Previous Surgery

☐ Nil
☐ Isolated small bowel resection
☐ Ileocaecal resection
☐ Right Hemicolectomy
☐ Left Hemicolectomy
☐ Subtotal colectomy
☐ Other

Priority	☐ Urgent (< 1 month) ☐ Specify time frame		
Referrer Details	Date of Referral		Provider No
Name		Address	
Telephone		Email	
Fax		Copies to	

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EMR: Referrals / Referral to Gastro Diagnostics

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