

☐ Alfred ☐ Sandringham ☐ Caulfield

## REFERRAL FOR OESOPHAGEAL MANOMETRY / 24hr pH STUDY

- 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](mailto: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		

### Test/s required

NB: oesophageal manometry is performed with all pH studies to improve accuracy  
☐ Oesophageal manometry  
☐ 24 hour Oesophageal pH studies + oesophageal manometry  
☐ Impedance

#### Priority

☐ Non urgent ☐ Urgent (< 1 month)

#### List previous results (or attach copies)

☐ Gastroscopy  
☐ Barium Swallow

### Indication

- ☐ Investigation of GORD
- ☐ Volume reflux
- ☐ Investigation for achalasia
- ☐ Investigation for oesophageal spasm
- ☐ Difficulty swallowing / dysphagia
- ☐ Consideration of fundoplication
- ☐ Other

### History

(comments)

<input type="checkbox"/> Nil	
<input type="checkbox"/> Cardiac	
<input type="checkbox"/> Respiratory	
<input type="checkbox"/> Renal	
<input type="checkbox"/> Diabetes Type 1 / 2	
<input type="checkbox"/> Anxiety	

### Medication

Cease medication 7 days prior  
☐ acid reducing ☐ Yes ☐ No  
☐ promotility ☐ Yes ☐ No

Comments

### Additional information

### Referrer Details

Date of Referral

Provider No

Name			Address		
Telephone			Email		
Fax			Copies to		