

Digestive Pelvic Floor Centre

Direct Access Endoscopy Referral Form



Requested Procedure

- Gastroscopy Colonoscopy
 Gastroscopy and Colonoscopy Consultation prior to Endoscopy

Referral To

- Dr. Michael Suen Dr. Aileen Yen Dr. Henry Cheung
 Dr. Sudarshan Paramsothy Dr. Titus Kwok Dr. Ramesh Paramsothy
 First Available Doctor

Patient's Details

Name: _____
Date of Birth: _____ Gender: _____
Address: _____
Contact number: (M) _____ (W) _____
Medicare: _____ Exp Date: _____
Private Health Fund: _____ Membership number: _____

Referring Doctor

Name: _____
Address: _____
Phone: _____ Fax: _____
Provider number: _____
Signature: _____ Date: _____

Reason for Endoscopy

- Positive Faecal Occult Blood Test (FOBT) Surveillance (Polyps/ Cancer)
 Abnormal CT/ MRI without bowel obstruction Unexplained weight loss
 Change in bowel habit Iron Deficiency/ Anaemia
 Family history of bowel cancer/ Screening GI bleeding
 Upper GI / Reflux Symptoms Others: _____

| Past Medical History | Medication |
|--|--|
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> Anticoagulant _____ |
| <input type="checkbox"/> Respiratory disease | <input type="checkbox"/> Antiplatelet _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Anti-arrhythmic agent _____ |
| <input type="checkbox"/> Renal impairment | <input type="checkbox"/> Insulin _____ |
| <input type="checkbox"/> Liver disease | <input type="checkbox"/> Allergies _____ |
| <input type="checkbox"/> Others _____ | |

In the presence of other significant health concerns / comorbidities, patients should have a consultation prior to any endoscopic procedure; please do not refer such patients for direct access endoscopy.

Please complete the form and send to **F: (02) 80843881** / E: admin@dipelvic.com.au

For enquiry, please contact **T: (02) 80843831**