Digestive Pelvic Floor Centre

Direct Access Endoscopy Referral Form

DigestivePelvicFloorCentre

Requested Procedure

☐ Gastroscopy
☐ Colonoscopy
☐ Gastroscopy and Colonoscopy
☐ Consultation prior to Endoscopy

Referral To

☐ Dr. Michael Suen
☐ Dr. Aileen Yen
☐ Dr. Sudarshan Paramsothy
☐ Dr. Titus Kwok
☐ Dr. Emily He
☐ Dr. Ramesh Paramsothy
☐ Dr. Katherine Zhu
☐ 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
☐ Heart condition	☐ Anticoagulant _____
☐ Respiratory disease	☐ Antiplatelet_____
☐ Diabetes	☐ Anti-arrhythmic agent _____
☐ Renal impairment	☐ Insulin _____
☐ Liver disease	
☐ Others _____	☐ Allergies _____

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**

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