

ENDOSCOPY REFERRAL FORM

Referral for:	Colonoscopy <input type="checkbox"/>	Gastroscopy <input type="checkbox"/>	
	Colonoscopy & Gastroscopy <input type="checkbox"/>		
Physicians:	Dr Viraj Kariyawasam <input type="checkbox"/>	Dr Jeff Chang <input type="checkbox"/>	
	Dr Robert Cheng <input type="checkbox"/>	First available Physician <input type="checkbox"/>	
Location	Hospital Specialist Surgery <input type="checkbox"/>		
	Norwest Private Hospital <input type="checkbox"/>		
	Nepean Private Hospital <input type="checkbox"/>		
PATIENTS DETAILS			
First Name		Surname	
Phone No:		Mobile:	
Symptom duration			
Clinical Indications			
Medical History			
DIRECT ACCESS ELIGIBILITY			
Patients with the following indicators will not be suitable for Open Access and will require a consultation with a Gastroenterologist.			
<ul style="list-style-type: none"> Age >75 BMI > 40 CVA within 3 months Acutely ill/febrile AMI within 3 months Chronic Renal Failure Patients who have had drug eluting stents within the last 18 months <ul style="list-style-type: none"> Diabetic Severe Asthma/CAL TIA within 3 months Takes anticoagulants Takes clopidogrel Unstable angina 			
Current Medications		Dosage	
REFERRAL DETAILS			
Provider Name:		Provider No:	
Signature		Date	DD/MM/YYYY.