SYDNEY GASTROENTEROLOGY AND LIVER GROUP

MOTILITY TESTING REQUEST FORM

Suite 213, San Clinic Tulloch Sydney Adventist Hospital
185 Fox Valley Rd Wahroonga NSW 2076 T. 02 9480 6210

Send referral to admin@gastroandliver.com.au OR 02 8008 1625
Please attach any endoscopy reports, radiology reports and any correspondence

PATIENT DETAILS

Title | First name | Last name | Date of birth

Address | Contact number

REQUESTED TESTS

Oesophageal testing

Oesophageal manometry	
Reflux testing (24hr) (Manometry required)	
Testing on/off anti-reflux *(If not indicated will be done OFF)*	ON OFF

Anorectal testing

Anorectal manometry and rectal balloon expulsion test	

CLINICAL INFORMATION

Clinical details

Current medications (Esp. anti-reflux medications or opioids) & Past medical history

REFERRING DOCTOR DETAILS

Referrer name | Provider number | Email/fax/Healthlink

Signature | Date