

Rapid Access Endoscopy Request



**SYDNEY
GASTROENTEROLOGY
AND LIVER GROUP**

Requested Procedure *

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

Referral To *

- ☐ Dr Saurabh Gupta
☐ Dr Thao Lam
☐ Dr Rose Trieu
☐ Dr Calvin Park

Patient's Details

Title *

First Name *

Last Name *

Date of Birth *

Address *

Suburb *

State / Territory *

Postcode *

Mobile Phone

Work Phone

Medicare

Exp Date

Private Health Fund

Membership Number

Clinical Information

Reason for Endoscopy *

- ☐ Positive Faecal Occult Blood Test (FOBT)
☐ Abnormal CT / MRI without bowel obstruction
☐ Change in bowel habit
☐ Family history of bowel cancer / Screening
☐ Surveillance (Prior Polyps / Cancer)
☐ Unexplained Weight Loss
☐ Iron Deficiency / Anaemia
☐ GI Bleeding
☐ Other

Please describe

Past Medical History

- ☐ Heart condition
☐ Respiratory disease
☐ Diabetes
☐ Renal impairment
☐ Liver disease
☐ Other

Please describe

Rapid Access Endoscopy Request



Medication

- ☐ Anticoagulant
☐ Antiplatelet
☐ Anti-arrhythmic agent
☐ Insulin
☐ Allergies

Anticoagulant

Antiplatelet

Anti-arrhythmic agent

Insulin

Allergies

Referring Doctor

Title *

First Name *

Last Name *

Address *

Suburb *

State / Territory *

Postcode *

Phone Number *

Fax Number

Provider Number *

Date of Referral *

Email Address *

Signature *

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.

IF APPLICABLE, PLEASE REQUEST PATIENTS TO BRING ALL PATHOLOGY, IMAGING AND ENDOSCOPY RESULTS WITH THEM FOR THE APPOINTMENT OR PROCEDURE.

For further enquiries, please contact T: (02) 9480 6210 F: (02) 8008 1625 E: admin@gastroandliver.com.au

Sydney Gastroenterology and Liver Group

Suite 213, San Clinic Tulloch
Sydney Adventist Hospital
185 Fox Valley Rd
Wahroonga NSW 2076