

# 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



**Medication**

- Anti-arrhythmic agent
- Anti-coagulant
- Anti-platelet
- Insulin
- Ozempic / Wegovy / Mounjaro
- 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 \*

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**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](mailto:admin@gastroandliver.com.au)

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