



GASTRO SERVICES & FACILITIES

Patient Referral Form

Procedures

Eastern Endoscopy Centre

120 Birkdale Rd
Birkdale Q 4159

Sunnybank Private Hospital

Day Surgery Unit
245 McCullough St
Sunnybank Q 4109

Mater Private Hospital Endoscopy Unit

301 Vulture St
South Brisbane Q 4101

Note: If patient's BMI ≥ 40 , procedures may only be performed at Sunnybank Private Hospital or Mater Private Hospital.

Consultations

Eastern Endoscopy Centre

120 Birkdale Rd
Birkdale Q 4159

MediConnect Suites

Suite 211, Times Square Bld
250 McCullough St
Sunnybank Q 4109

Access Specialist Clinic

185 Belmont Rd
Belmont Q 4153

Hands On

830 Old Cleveland Rd
Carina Q 4152

Stoneham Chambers

21 Stoneham St
Stones Corner Q 4120

Instructions

This form must be completed by a referring doctor. Gastro Services & Facilities prefers that this form is then provided to us electronically through Medical Objects. If this form is electronically provided, there is no need for the patient to present us with a copy.

Otherwise, this referral must be provided to the patient, whose responsibility it is to then bring to their appointment with Gastro Services & Facilities.

For all appointment bookings, please call us on (07) 3820 4555, and then select option 1.

Referral Information

Procedure

- | | |
|---|--|
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Endoscopic ultrasound |
| <input type="checkbox"/> Colonoscopy
(Must complete 'Reason(s) for colonoscopy' section below) | <input type="checkbox"/> Small Bowel Capsule Study
(Conditions Apply) |
| <input type="checkbox"/> Endoscopy | <input type="checkbox"/> Urgent |

Gastroenterologist

- | |
|---|
| <input type="checkbox"/> Dr John Gibbons M.B.B.S (Qld), F.R.A.C.P |
| <input type="checkbox"/> Dr Kate Cayzer M.B.B.S (Qld), F.R.A.C.P, PhD |
| <input type="checkbox"/> Dr Jillian Rosenstengel M.B.B.S (Qld), F.R.A.C.P |
| <input type="checkbox"/> Dr Nicholas Tutticci B.Sc., M.B.B.S (Qld, Hons 2), F.R.A.C.P |

Patient Details

Name Click or tap here to enter text.

Date of birth Click or tap here to enter text.

Phone number Click or tap here to enter text.

Clinical Notes

BMI Click or tap here to enter text.

Allergies Click or tap here to enter text.

Medications Click or tap here to enter text.

Referral Information (continued)

Clinical Notes (continued)

Other clinical notes

Click or tap here to enter text.

Warfarin

- I consider it safe to cease Warfarin 3 days prior to the procedure and have organised an INR on the day prior.
- I consider Warfarin should continue and therefore a diagnostic colonoscopy (no polypectomy) will be performed
- Not applicable

Anti-platelet Agents (other than Aspirin)

- I consider it safe to cease Click or tap here to enter text. 7 days prior to the procedure.
- I consider it necessary to continue Click or tap here to enter text. and therefore a diagnostic colonoscopy (no polypectomy) will be performed.
- Not applicable

Reason(s) for Colonoscopy Referral

(only complete if this referral includes a colonoscopy)

If this referral is on the basis of one or more of these reasons, no time interval is required since the last colonoscopy was performed on this patient:

- Symptoms (select all that apply below)
 - Altered bowel habit
 - Constipation
 - Diarrhoea
 - Excessive flatus
 - Weight loss
 - Suspected diverticulitis
 - Painful defecation
 - PR bleeding
 - PR mucous discharge
 - Bloating
 - Borborygmi
 - Suspected inflammatory bowel disease
 - Incomplete evacuation
 - Faecal incontinence
- Anaemia or iron deficiency
- Positive faecal occult blood test (FOBT)
- Abnormal abdominal imaging
- First colonoscopy after surgery for colorectal cancer
- Colonoscopy for preoperative evaluation
- Previous colonoscopy had inadequate bowel preparation
- Management of inflammatory bowel disease

Referral Information (continued)

Reason(s) for Colonoscopy Referral (continued)

If this referral is on the basis of one or more of these reasons, ≤ 3 colonoscopies must have been performed in the last 12 months:

- Follow up ≥ 10 adenomas/sessile serrated polyps
- Follow up piecemeal or possibly incomplete excision of a large sessile polyp

Treatment of:

- Radiation proctitis
- Angioectasia
- Post-polypectomy bleeding
- Colonic strictures with balloon dilatation

If this referral is on the basis of one or more of these reasons, the last colonoscopy performed on this patient must have been more than ≥ 1 year (i.e. ≥ 365 days) ago:

- Known or suspected familial condition (select all that apply below)
 - Familial adenomatous polyposis (FAP)
 - Lynch syndrome
 - Serrated polyposis syndrome
 - Other: Click or tap here to enter text.
- Genetic mutation associated with hereditary colorectal cancer

If this referral is on the basis of one or more of these reasons, the last colonoscopy performed on this patient must have been more than ≥ 3 years ago:

- Adenoma/sessile serrated polyp ≥ 10 mm
- Adenoma/sessile serrated polyp with villous features
- Adenoma/sessile serrated polyp with high grade dysplasia
- Advanced serrated adenoma (SSP ≥ 10 mm, SSP with dysplasia or traditional serrated adenoma)
- Follow up 5-9 adenomas/sessile serrated polyps

If this referral is on the basis of one or more of these reasons, the last colonoscopy performed on this patient must have been more than ≥ 5 years ago:

- Follow up 1-4 adenomas/sessile serrated polyps each < 10 mm with no villous features and no high grade dysplasia
- Moderate risk of colorectal cancer due to family history
Where 'moderate risk' is defined as:
 - (1) 1 first degree relative less than 55 years of age at diagnosis; OR
 - (2) 2 first degree relatives with a history of colorectal cancer; OR
 - (3) 1 first degree relative and 2 second degree relatives with a history of colorectal cancer.
- History of colorectal cancer with initial postoperative colonoscopy not revealing any adenomas or colorectal cancer

Referral Information (continued)

Reason(s) for Colonoscopy Referral (continued)

If this referral is on the basis of reasons with different time intervals, the shortest time interval applies. For example, if the patient has the symptom of constipation (which requires no time interval) and the last colonoscopy performed revealed an adenoma of $\geq 10\text{mm}$ (which has a time interval of ≥ 3 years), no time interval would apply.

If a time interval applies for this referral, you as the referring doctor represent to Gastro Services & Facilities that you have confirmed that the relevant time interval has been met.

Please attach previous colonoscopy and histopathology reports, if available and procedures were performed by doctors outside of Gastro Services & Facilities.

Referring Doctor's Details

Name	Click or tap here to enter text.
Provider Number	Click or tap here to enter text.
Signature	Click or tap here to enter text.
Date	Click or tap here to enter text.

Appointment information

(to be completed by the patient when they book their appointment)

For all appointment bookings, please call us on (07) 3820 4555, and then select option 1.

Appointment with gastroenterologist

Date	Click or tap here to enter text.
Time	Click or tap here to enter text.
Location	Click or tap here to enter text.
Phone	Click or tap here to enter text.

Colonoscopy prep kit appointment

Date	Click or tap here to enter text.
Time	Click or tap here to enter text.
Location	Click or tap here to enter text.