

# Direct Access Endoscopy

## REFERRAL FORM

This service has been developed to provide access for patients presenting with conditions that require gastroscopy or colonoscopy with one of the participating medical specialists associated with East Sydney Private Hospital.

### Patient Details

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Mob: \_\_\_\_\_

Have you previously been a patient at East Sydney Private Hospital? ☐ No ☐ Yes Year: \_\_\_\_\_

Medicare Number \_\_\_\_\_ Reference Number \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Health Fund: \_\_\_\_\_ Member Number: \_\_\_\_\_

DVA Number: \_\_\_\_\_ Other: \_\_\_\_\_

(Patient needs to have private hospital cover or DVA to be eligible for Direct Access Endoscopy)

Do you require an interpreter? ☐ No ☐ Yes Language spoken: \_\_\_\_\_

### General Practitioner's Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Provider Number: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Procedure Required

☐ Both Gastroscopy & Colonoscopy ☐ Colonoscopy ☐ Flexible Sigmoidoscopy ☐ Gastroscopy

The patient will receive a brief consultation on the day with a participating specialist prior to their procedure

### Indication for Referral for GASTROSCOPY

☐ Abdominal pain / bloating ☐ Family history of oesophageal / stomach cancer ☐ Weight loss  
☐ Iron deficiency / anaemia ☐ Reflux / difficulty swallowing ☐ Other \_\_\_\_\_  
☐ Screening / follow Up ☐ Test for coeliac disease/ lactose intolerance

### Indication for Referral for COLONOSCOPY

☐ Abdominal pain ☐ Positive FIT / PR bleeding ☐ Follow up / screening / surveillance  
☐ Altered bowel habits / constipation / diarrhoea ☐ Family history of bowel cancer ☐ Other \_\_\_\_\_  
☐ Iron deficiency / anaemia ☐ Inflammatory bowel disease

### Current Medications

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Adverse Drug Reactions \_\_\_\_\_

### Patients with the following conditions may require an additional consultation

- Age > 75
- BMI > 40
- Type 2 Diabetes on Insulin
- Renal insufficiency
- Problem with Anaesthesia
- Type 1 Diabetes
- Epilepsy
- Cognitive Impairment
- Congestive Cardiac Failure
- Advanced Lung Disease
- Anticoagulant medication

### OFFICE USE ONLY

☐ Pre admission consultation ☐ Faxed/mailed to rooms Dr Allocated: \_\_\_\_\_

### Referrals can be sent by

F: (02) 9001 2001 | E: [referrals@esphospital.com](mailto:referrals@esphospital.com)

A: Levels 4, 5 & 6, 75 Crown St, Woolloomooloo NSW 2011  
T: (02) 9001 2000 | W: [eastsydneyprivatehospital.com](http://eastsydneyprivatehospital.com)

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Private Hospital