Colorectal Surgeons Newcastle

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Rapid / Open Access Endoscopy Referral Form

PATIENT DETAILS:

Name: .....

Date of Birth: ..... **Sex:** .....

Address: .....

Suburb: ..... **Postcode:** .....

Email: .....

Phone (Home): .....

Mobile: .....

Private Health Fund: .....

Medicare No: .....

REFERRING DOCTORS DETAILS:

Name: .....

Practice: .....

Practice Address: .....

Suburb: ..... **Postcode:** .....

Phone: ..... **Fax:** .....

Email: .....

Provider number: .....

Date: .....

Signature: .....

Indications for open access:

☐ **FOBT +ve** ..... **National bowel screening: Yes** ☐ **No** ☐ **Other:** .....

☐ **PR Bleeding:** .....

☐ **Iron deficiency anemia:** .....

☐ **Suspected malignancy with alarming symptoms:** .....

☐ **Family history of colorectal cancer:** .....

☐ **History of colonic polyps and others:** .....

Patient Background

Are they on any blood thinners/ Anticoagulants?
eg Aspirin, Plavix, Warfarin, Pradaxa, Eliquis , Xarelta , fish oil etc .....

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☐ **Heart conditions:** .....

☐ **Diabetes:** .....

☐ **Kidney disease:** .....

☐ **Liver disease:** .....

☐ **Allergies:** .....

☐ **Medications:** .....

☐ **Anaesthetic risks:** .....

☐ **Weight:** .....

On receiving the form , we will contact the patient. Please fax to 0249525456