HOLROYD PRIVATE HOSPITAL
MACQUARIE HEALTH CORPORATION

123 Chetwynd Road, Guildford NSW 2161
T: (02) 9681 2222 | F: (02) 9632 8480 | E: Holroyd.info@iphoa.com.au

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 Holroyd Private Hospital.

Patient Details

Name: _____ Date of Birth: _____ / _____ / _____

Address: _____

Tel: _____ Mob: _____

Have you previously been a patient at Holroyd Private Hospital? ☐ No ☐ Yes Year: _____

Medicare Number __ __ __ __ __ __ __ __ __ __ __ Reference Number __ Date of Birth: _____ / _____ / _____

Health Fund: _____ Member Number: _____

DVA Number: _____ Other: _____

Specialist Request (Please tick preference)

☐ First Available Specialist Specialist requested: ☐ Dr Paramalingam Lingathas ☐ Dr Maroof Khan ☐ Dr Amir Butt

Procedure Required

☐ Gastroscopy ☐ Colonoscopy

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

Indication for Referral for GASTROSCOPY

☐ Abdominal bloating ☐ Oesophageal reflux ☐ Test for coeliac disease/lactose intolerance ☐ Difficulty Swallowing

☐ Other _____

Indication for Referral for COLONOSCOPY

☐ Positive FOBT ☐ PR bleeding ☐ Family history of bowel cancer ☐ Changes in bowel function

☐ Other _____

Eligibility

Due to the nature of Direct Access Endoscopy a strict exclusion criteria applies. Please tick all that apply. If more than one is ticked, the patient will not be suitable for Direct Access Endoscopy and will require a formal consultation with the Surgeon prior to the procedure.

☐ Age > 75
☐ BMI > 40
☐ Antiplatelet medication
☐ Anticoagulant medication
☐ Problem with Anaesthesia
☐ IDDM
☐ Unexplained weight loss
☐ Colonoscopy < 2 years ago
☐ Previous gastrointestinal surgery

Along with any significant active health is:

☐ Poorly controlled diabetes
☐ Anaemia
☐ Poorly controlled hypertension
☐ Epilepsy
☐ Renal Insufficiency
☐ Poorly controlled sleep apnoea
☐ IHD
☐ Lung Disease

☐ Other relevant information _____

General Practitioner's Details

Name: _____

Address: _____

Provider Number: _____ Signature: _____ Date of Birth: _____ / _____ / _____