RESET PRINT

Queensland Government

Referral for Gastrointestinal Endoscopy

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

Referral from

GP: Provider no:

Address: Date of request:

Signature:

Phone no:

Procedure requested

☐ Gastroscopy ☐ Oesophageal dilatation ☐ ERCP ☐ Colonoscopy ☐ PEG insertion
☐ Endoscopic ultrasound ☐ Haemorrhoid therapy ☐ Other:

Indication

☐ Gastrointestinal bleeding *(specify):*
☐ Change in bowel habits *(specify):*
☐ Abnormal imaging *(specify):*
☐ Abdominal pain *(specify):*
☐ Polyp follow-up *(specify):*
☐ Family history of colorectal cancer *(specify):*
☐ Other *(specify):*
☐ Suspected GORD/dyspepsia
☐ Dysphagia
☐ Rectal mass on PR examination
☐ Iron deficiency anaemia in men or postmenopausal women
☐ Colorectal cancer follow-up – Date:
☐ Positive FOBT (in asymptomatic patients between 50 and 75 years of age)
☐ Oesophageal varices
☐ Suspected inflammatory bowel disease
☐ Bowel obstruction
☐ Barrett's Oesophagus review

Additional information

Medical assessment: Height: cm Weight: kg BMI:

Y	N		Y	N		Y	N	
☐	☐	Ischaemic heart disease	☐	☐	Sleep apnoea	☐	☐	Current or recent smoker
☐	☐	Heart murmur	☐	☐	Asthma/COPD	☐	☐	Diabetes (Type 1)
☐	☐	Valve replacement	☐	☐	Chronic liver disease	☐	☐	Diabetes (Type 2)
☐	☐	Pacemaker/defibrillator	☐	☐	Chronic renal failure	☐	☐	Epilepsy
☐	☐	Bleeding disorder	☐	☐	Stroke/TIA			

Medications

☐ Aspirin ☐ Asasantin ☐ Warfarin ☐ Clopidogrel ☐ Prasugrel ☐ Ticagrelor
☐ Oral hypoglycaemics ☐ Apixaban ☐ Edoxaban ☐ Dabigatran ☐ Rivaroxaban

Others:

Instructions for external referrals

Send electronically via Medical Objects or Health Links **Fax to:** 4616 5922
Post to: Toowoomba Hospital Referral Centre, Toowoomba Hospital, PMB 2, Toowoomba Qld 4350

Referrals will be categorised by the Endoscopy team based on information provided and placed on appropriate waiting lists. *Inadequate information will result in unnecessary patient delays. If you have not received confirmation of this referral within two (2) weeks please call the Toowoomba Hospital Referral Centre on 1800 875 476. Thank you for completing ALL sections of this form.*

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