

## GP Colonoscopy Referral Form

Email <u>info@keyholesurgeon.com.au</u> or Fax 02-8211-5190

Suite 1, 69 Arthur street, Randwick, NSW 2031. Telephone 02-8599-4360

Mate of Pre-tice   Mate of GP   Mate of GP   Mate of Pre-tice   Mate of Brita   Mate of Brit	PATIENT DETAILS			PR	PRACTICE DETAILS					
First Names	Medicare No.			Na	Name of GP					
Date of Birth   Address   Post Code   Post Code   Provider   Normber   Post Code   Provider   Post Code   Provider   Normber   Post Code   Provider   Post Code   Post Cod	Title Surname			Na	Name of Practice					
Address   Post Code	First Names			Ad	Address					
Telephone No.   Provider   Number   N	Date of Birth					_				
Post Code  Best Contact No.  Insurance fund   Policy no.  Dates Patient Unavailable   1)   2)  TEST REQUIRED   COLONOSCOPY   ROUTINE   URGENT    Symptoms   Symptoms    Test Required   Symptoms   Symptoms    Symptoms   Symptoms    Test Required   Symptoms   Symptoms    Symptoms   Sympto	Address			Pos	Post Code					
Rest Contact No.				ll l	-	No.				
Insurance faind	Post Code									
Dates Patient Unavailable   1	Best Contact No.			GP	GP Referral Date					
TEST REQUIRED   COLONOSCOPY   ROUTINE   URGENT	Insurance fund Policy no.			GP Signature						
TEST REQUIRED    CLINICAL DETAILS - Reasons for Referral for coscopy:   History of presenting supports   Referral for coscopy:   History of presenting supports   Referral for coscopy:   Referral for	Dates Patient Unavailable 1) 2)									
CLINICAL DETAILS - Reasons for Referral for colonoscopy:  History of presenting symptoms   > 55 years, change in bowel habit or +ve FOBT NO YES  Family history or national screening programme NO YES If yes, refer for urgent endoscopy or cancer 2WW  Minor rectal bleed or malena (No active bleeding) NO YES If yes, refer for urgent endoscopy or cancer 2WW  Unexplained weight loss NO YES If yes, refer for urgent endoscopy or cancer 2WW  Has the patient had a previous colonoscopy or require surveillance colonoscopy?  If yes, please provide details  Anticipated diagnosis? Normal colonoscopy Inflammatory bowel Diverticulitis Polyp or mass lesion    Polyp or mass lesion	Please tick appropriate box							_		
History of presenting symptoms  > 55 years, change in bowel habit or +ve FOBT NO YES  Family history or national screening programme NO YES If yes, refer for urgent endoscopy or cancer 2WW  Minor rectal bleed or malena (No active bleeding) NO YES If yes, refer for urgent endoscopy or cancer 2WW  Unexplained weight loss NO YES If yes, refer for urgent endoscopy or cancer 2WW  Has the patient had a previous colonoscopy or require surveillance colonoscopy? YES NO If yes, refer for urgent endoscopy or cancer 2WW  Has the patient had a previous colonoscopy or require surveillance colonoscopy? YES NO Polyp or mass lesion Inflammatory bowel  Inflammatory bowel  Diabetes YES NO Hypertension YES NO Previous Endoscopy YES NO Previous Endoscopy YES NO Previous Endoscopy YES NO Aspirin YES NO Aspirin YES NO If year anticoagulant  Drug Medication (please complete or enclose computer print out)  Clopidogrel YES NO If yes, please give details  NO If yes, please give details  Cigarette per day	TEST REQUIRED	COLONOSCOPY	ROUTINE		URGE	NT				
> 55 years, change in bowel habit or +ve FOBT NO YES  Family history or national screening programme NO YES If yes, refer for urgent endoscopy or cancer 2WW  Minor rectal bleed or malena (No active bleeding) NO YES If yes, refer for urgent endoscopy or cancer 2WW  Unexplained weight loss NO YES If yes, refer for urgent endoscopy or cancer 2WW  Iron deficiency anaemia (Likely lower GI) NO YES If yes, refer for urgent endoscopy or cancer 2WW  Has the patient had a previous colonoscopy or require surveillance colonoscopy?  Has the patient had a previous colonoscopy or require surveillance colonoscopy?  Formula tolonoscopy Inflammatory Diverticulitis Polyp or mass lesion  Diabetes YES NO Hypertension YES NO Previous Endoscopy YES NO Previous Endoscopy YES NO Aspirin YES NO Aspirin YES NO If yes, please give details  Clopidogrel YES NO If yes, please give details  NO If yes, please give details  Cigarette per day	CLINICAL DETAILS	8 - Reasons for Referral for	colonoscopy:							
Family history or national screening programme NO	History of presenting symptoms									
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Minor rectal bleed or malena (No active bleeding)  NO  YES  If yes, refer for urgent endoscopy or cancer 2WW Unexplained weight loss  NO  YES  If yes, refer for urgent endoscopy or cancer 2WW If yes, refer for urgent endoscopy or cancer 2WW If yes, refer for urgent endoscopy or cancer 2WW Has the patient had a previous colonoscopy or require surveillance colonoscopy?  YES  NO  If yes, please provide details  Anticipated diagnosis?  Normal colonoscopy  Inflammatory bowel  Diverticulitis  Polyp or mass lesion  Past Medical History  Further Information  Further Information  On Warfarin or other anticoagulant  Allergies  YES  NO  If yes, please give details  Cigarette per day  Cigarette per day	> 55 years, change in bowel habit or +ve FOBT NO			YES						
Unexplained weight loss	Family history or national screening programme NO			YES		If yes, refer for urgent endoscopy or cancer 2WW				
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If yes, please provide details  Anticipated diagnosis? Normal colonoscopy   Inflammatory   bowel   Diverticulitis   Polyp or mass lesion      Diabetes   YES   NO	Iron deficiency anaemia (Likely lower GI)				YES If yes, refer for urgent endoscopy or cancer 2WW					
Anticipated diagnosis? Normal colonoscopy Inflammatory bowel  Diverticulitis Polyp or mass lesion  Diabetes YES NO IHD YES NO Hypertension YES NO Past Medical History Further Information  Previous Endoscopy YES NO Past Medication (please complete or enclose computer print out)  Clopidogrel YES NO On Warfarin or other YES NO Aspirin YES NO Aspirin YES NO Allergies  YES NO If yes, please give details  NO If yes, please give details  Cigarette per day	Has the patient had a previous colonoscopy or require surveillance colonoscopy?									
Anticipated diagnosis: Normal colonoscopy bowel Diverticulitis Polyp or mass lesion    Diabetes   YES   NO	If yes, please provide details									
Diabetes YES NO Hypertension YES NO Past Medical History Further Information  Previous Endoscopy YES NO Previous Endoscopy YES NO Previous Endoscopy YES NO Aspirin YES NO Aspirin YES NO Aspirin YES NO Single Previous Endoscopy YES NO MO Aspirin YES NO Single Previous Endoscopy YES NO MO Aspirin YES NO Single Previous Endoscopy YES NO MO Single Previous Endoscopy YES NO MO MARIANTIAL PREVIOUS Endoscopy YES NO MARIANTIAL PREVIOUS ENDOSCOPY Y	Anticinated diagnosis / Normal colonoscony									
Past Medical History Further Information  Previous Endoscopy YES NO  Previous Endoscopy Year Diagnosis  Drug Medication (please complete or enclose computer print out)  Clopidogrel YES NO On Warfarin or other YES NO Aspirin YES NO Allergies YES NO If yes, please give details Smoker YES NO If yes, please give details Cigarette per day	(please indicate with a tick)									
Further Information  Previous Endoscopy YES NO  Year Diagnosis  Drug Medication (please complete or enclose computer print out)  Clopidogrel YES NO  On Warfarin or other YES NO  Aspirin YES NO  Allergies YES NO  If yes, please give details  Smoker YES NO  If yes, please give details  Cigarette per day										
Previous Endoscopy YES NO Year Diagnosis  Drug Medication (please complete or enclose computer print out)  Clopidogrel YES NO On Warfarin or other YES NO anticoagulant  NO Aspirin YES NO Allergies YES NO If yes, please give details Smoker YES NO If yes, please give details Cigarette per day	-	-								
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Smoker YES NO If yes, please give details Cigarette per day	<b>Clopidogrel</b> YES	NO	other YE	s [	NO		Aspirin YES NO			
	Allergies YES	NO If	yes, please give de	tails						
Alcohol YES NO If yes, please give details No. of units per week	Smoker YES NO If yes, please give deta			tails	ils Cigarette per day					
	Alcohol YES NO If yes, please give detail					ils No. of units per week				

Dr Gandy or a member of his team will contact patient via telephone to arrange procedure.