EASTERN SUBURBS
SURGICAL SPECIALISTS

DR ROBERT GANDY
(MB CHB, MRCS, MS, FRACS)
Upper GI, Bariatric, HPB and General Surgeon

PATIENT DETAILS				PRACTICE DETAILS	
Medicare No.				Name of GP	
Title		Surname		Name of Practice	
First Names				Address	
Date of Birth					
Address				Post Code	
				Telephone No.	
Post Code				Provider Number	
Best Contact No.				GP Referral Date	
Insurance (delete)	Medicare /Private insurance / other				
Dates Patient Unavailable	1)	2)			

Please tick appropriate box

TEST REQUIRED	**GASTROSCOPY**	**ROUTINE**		**URGENT**		
CLINICAL DETAILS - Reasons for Referral for endoscopy:						
History of presenting symptoms						
< 55 years, symptoms resistant to treatment >3/12	NO		YES			
New onset dyspepsia > 55 years	NO		YES		If yes, refer for urgent endoscopy or cancer 2WW	
Minor GI bleed (No evidence active bleeding)	NO		YES		If yes, refer for urgent endoscopy or cancer 2WW	
Dysphagia	NO		YES		If yes, refer for urgent endoscopy or cancer 2WW	
Iron deficiency anaemia (Likely upper GI)	NO		YES		If yes, refer for urgent endoscopy or cancer 2WW	
Has the patient had a therapeutic course of PPI or other dyspeptic treatment?				YES	NO	
If yes, please provide details						
Anticipated diagnosis?	Normal Endoscopy		Duodenal Ulcer		Gastric Ulcer	Hiatus Hernia
(please indicate with a tick)						
Diabetes YES	NO		**IHD** YES	NO		**Hypertension** YES NO
Past Medical History						
Further Information						
				Previous Endoscopy	YES	NO
				Year	Diagnosis	

Drug Medication (please complete or enclose computer print out)

Clopidogrel YES NO **On Warfarin** YES NO **On NSAID's** YES NO

Allergies YES NO If yes, please give details
Smoker YES NO If yes, please give details Cigarette per day
Alcohol YES NO If yes, please give details No. of units per week

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Healthlink – eastsurg Argus- 614249 Medical objects - RGANDY
Provider Number 291434WJ