

FAST TRACK REFERRAL

Patient's Details

Name:

D.O.B:

Phone No.:

Medicare No.:

☐ Self funding

☐ Private health _____

Procedure(s)

- ☐ Colonoscopy
- ☐ Endoscopy
- ☐ Flexible Sigmoidoscopy
- ☐ Capsule Endoscopy *(consultation needed)*
- ☐ Balloon Enteroscopy *(consultation needed)*
- ☐ EUS *(consultation needed)*
- ☐ ERCP *(consultation needed)*

Indication for Colonoscopy

- ☐ Positive FOBT
 - ☐ Family history of bowel cancer
 - ☐ History of polyps and/or bowel cancer
 - ☐ Altered bowel habit
 - ☐ Other *(please specify)*
- _____

Indication for Endoscopy

- ☐ Anaemia or suspected bleeding
 - ☐ Diarrhoea *(suspected Coeliac disease)*
 - ☐ Iron deficiency
 - ☐ Dysphagia
 - ☐ Dyspepsia
 - ☐ Reflux
 - ☐ Weight loss
 - ☐ Other *(please specify)*
- _____

Medication(s)

- ☐ Insulin
 - ☐ Anticoagulants
 - ☐ NSAIDs
 - ☐ Antiplatelet drugs *(please specify)*
- _____

This service has been developed to provide a fast access for patients requiring gastrointestinal procedures.
(Note: a patient may require a prior consultation depending on their underlying medical conditions).

Medical History

- ☐ Diabetes ☐ Type I ☐ Type II
- ☐ Renal disease
- ☐ Active cancer
- ☐ Pacemaker or defibrillator
- ☐ Significant heart or lung disease
- ☐ Neurological disease *(e.g. Stroke)*

Specialist Doctor(s) Requested

- ☐ Dr Asif **Chinnaratha**
- ☐ Dr Derrick **Tee**
- ☐ Dr Sze **Yeap**
- ☐ Dr Paul **Kuo**
- ☐ Dr Biju **George**
- ☐ Dr Damian **Harding**
- ☐ Dr Yasmina **Tashkent**
- ☐ Dr Hamish **Philpott**
- ☐ Dr Kate **Lynch**
- ☐ Dr Seon **Shin**
- ☐ Dr William **Tam**

Preferred Hospital(s)

- ☐ Calvary Adelaide Hospital
- ☐ Calvary North Adelaide Hospital
- ☐ Calvary Central Districts Hospital
- ☐ North Eastern Community Hospital
- ☐ St Andrew's Hospital
- ☐ Ashford Hospital
- ☐ Burnside Hospital
- ☐ Stirling Hospital

Referring Doctor's Details

Doctor's Stamp
Dr's Name:
Provider No.:
Clinic Name:
Phone No.:

Referring Doctor's Signature

Date:

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