

CARLTON SPECIALISTS

179

INTESTINAL ULTRASOUND (IUS) REFERRAL

GP / Medical Practitioner Referral Form

Carlton Specialists offers intestinal ultrasound, a non-invasive assessment of the small and large bowel. Patients may be referred directly by their GP or medical practitioner for IUS without requiring a prior consultation with a gastroenterologist.

REFERRER DETAILS

Referrer name

Clinic / practice

Email address

Provider number

Phone number

PATIENT DETAILS

Patient name

Date of birth

Mobile

Email address

Medicare number (optional)

CLINICAL INFORMATION

Is this an IBD referral? ☐ Yes ☐ No

Has the patient had prior bowel surgery? ☐ Yes ☐ No

Summary of presenting concern/s / reason for referral

Relevant investigations / additional clinical information (optional)

Referrer signature

Date

Please attach any relevant reports or results where available.

Important: This referral is for an intestinal ultrasound. A tailored specialist consultation will be included as part of the assessment. The test is not intended to replace standard abdominal imaging, exclude unrelated pathology, or replace a standard comprehensive specialist assessment.

Please return the completed form by emailing admin@carltonspecialists.com.au

CARLTON SPECIALISTS

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A people-first approach to
medicine & mental health

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