Western Health

Gastrointestinal Endoscopy Referral Form

Please fax referral to 8345 7378.

Incomplete referrals will be returned to the referring doctor.

For any booking enquiries phone 8345 6015.
For clinical queries please contact the Gastroenterology Endoscopy Registrar via switchboard on 8345 6666.

Patient details

Name: _____
Date of Birth: _____
Gender: _____
Address: _____
Suburb: _____
Postcode: _____
Preferred phone number: _____
Additional phone numbers: _____
Medicare Number: _____
Private health fund details (if applicable):
_____

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Please complete this form in full. Incomplete forms will be returned to the requesting clinician.

Referring doctor/practitioner details

Name:
Suburb:
Practice name:
Postcode:
Referring doctor provider number:
Phone:
Practice Address:
Fax:

Date: _____

- ☐ GP
- ☐ Specialist Private Rooms
- ☐ Emergency Department WH
- ☐ Specialist Clinic Western Health
  Clinic Name: _____
- ☐ Other Department Western Health: _____
- ☐ Inpatient unit Western Health: _____
- ☐ Other hospital: _____

Interpreter required ☐ Yes Language (specify): _____

Diagnostic Lower GI Endoscopy Request

☐ **Colonoscopy** ☐ **Flexible Sigmoidoscopy**

Indication A: Symptoms and Investigations

- ☐ Positive iFOBT *(Attach FOBT results)*
  - ☐ **NBCSP**
  - ☐ Not NBCSP
- ☐ Anaemia: *(provide results below or attach results)*
- ☐ Rectal bleeding - months duration: _____
- ☐ Age ≥ 60 years
- ☐ Change in bowel habit
  - ☐ Constipation - months duration: _____
  - ☐ Diarrhoea - months duration: _____
  - ☐ Constipation & diarrhoea - months duration: _____
- ☐ Abdominal pain - months duration: _____
- ☐ Possible IBD (Inflammatory Bowel Disease)
- ☐ Unintentional weight loss (≥10% of body weight)
- ☐ Primary cancer of unknown origin
- ☐ Abnormal imaging suggestive of colorectal cancer
- ☐ Palpable mass (or on sigmoidoscopy)
  - ☐ Abdominal ☐ Rectal
- ☐ Hb _____ ☐ MCV _____ ☐ Ferritin _____
- ☐ Calprotectin _____ ☐ CRP _____

Clinical Notes: _____

Indication B: Colonoscopy for surveillance or screening

Please refer to NHMRC surveillance guidelines

Date of last colonoscopy _____

Must attach last colonoscopy report and histology report

- ☐ Adenoma surveillance risk category: ☐ A ☐ B ☐ C ☐ D
- ☐ IBD Surveillance group: ☐ 1 ☐ 2 ☐ 3
  IBD type: ☐ Ulcerative colitis ☐ Crohn's
  Date of IBD Diagnosis: _____
  Primary sclerosing cholangitis date of diagnosis: _____
- ☐ Family history screening risk category: ☐ 1 ☐ 2 ☐ 3
  Familial Hereditary Syndrome: _____
- ☐ Colorectal Cancer surveillance
  Date of colorectal cancer diagnosis: _____
- ☐ Other: _____

Indication C: Therapeutic Colonoscopy

- ☐ Haemorrhoid banding
- ☐ EMR / polypectomy for colorectal polyp ≥ 2 cm
- ☐ EMR / polypectomy for colorectal polyp < 2 cm
- ☐ Colon stenting
- ☐ APC
- ☐ Dilatation
- ☐ APC for radiation proctitis
- ☐ Other: _____

Clinical Notes: _____

Diagnostic Upper GI Endoscopy Request

☐ **Gastroscopy**

Indication A: Symptoms and investigations:

(tick all that apply and provide copy of relevant results)

Bleeding:

- ☐ Haematemesis ☐ Melaena
- ☐ Iron deficiency anaemia *(attach Hb and Ferritin level)*
- ☐ Abnormal blood test *(please circle)*:
  low Hb, low ferritin, microcytosis, hypochromasia, raised platelets

Suspected malignancy:

- ☐ Age ≥ 55 years ☐ Dysphagia
- ☐ Suspected upper GI malignancy on imaging *(attach report)*
- ☐ Nausea / vomiting, persistent (≥ 6 weeks)
- ☐ Loss of appetite ☐ Early satiety
- ☐ Unexplained weight loss (≥10% of body weight)
- ☐ Known: Barrett's oesophagus / gastric intestinal metaplasia / gastric dysplasia / atrophic gastritis / *(circle all that apply)*
- ☐ Family history of upper GI cancer in 1st degree relative

Other symptoms:

- ☐ GORD ☐ Not responsive to PPI ☐ Recent onset
- ☐ Dyspepsia ☐ Not responsive to PPI and/or *H. pylori* treatment *(please circle)*
- ☐ Upper abdominal pain
- ☐ Suspected coeliac disease *(with positive serology – attach results)*
- ☐ Other: _____

Indication B: Gastroscopy for surveillance:

Date of last gastroscopy _____

Must attach last gastroscopy report and histology report

- ☐ Barrett's oesophagus ☐ Gastric ulcer
- ☐ Varices ☐ oesophageal ☐ gastric
- ☐ Oesophagitis ☐ Severe erosive (LA Grade C-D) ☐ Eosinophilic
- ☐ Gastric dysplasia ☐ Gastric intestinal metaplasia
- ☐ Previous upper GI cancer (Date of diagnosis _____)
- ☐ Previous therapeutic procedure (EMR, RFA, upper GI surgery) (Date of procedure _____)
- ☐ Syndrome: ☐ APC ☐ Lynch
- ☐ Other: _____

Indication C: Therapeutic Gastroscopy

- ☐ Barrett's with dysplasia ☐ Varices (oesophageal)
- ☐ Varices (gastric) ☐ Dilatation ☐ Gastric polyp(s)
- ☐ Duodenal polyp(s) ☐ Upper GI stenting ☐ PEG insertion
- ☐ Other: _____

Clinical Notes: _____

Western Health

Gastrointestinal Endoscopy Referral Form continued

Patient details

UR number: _____

Surname: _____

First name: _____

Date of birth: _____

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Indication D: Inadequate bowel preparation at recent colonoscopy

☐ Repeat colonoscopy due to inadequate bowel preparation.
See original endoscopy referral form for clinical details.

Indication D: Pre-Operative Assessment Gastroscopy

☐ Known upper GI cancer
☐ Anti-reflux surgery
☐ Other: _____
☐ Bariatric surgery
☐ Hiatus Hernia

ERCP Request: *Attach relevant imaging report and blood tests*

☐ Bile duct stone
☐ Bile duct stricture
☐ Tumour/mass lesion causing jaundice
☐ Biliary stent: ☐ change ☐ removal
☐ Other: _____

Clinical Notes: _____

EUS Request: *Attach relevant imaging report and blood tests*

☐ Bile duct abnormality
☐ Pancreatic duct abnormality
☐ Pancreatic cyst
☐ Pancreatic mass lesion
☐ Ampullary lesion
☐ Assessment of subepithelial lesion
☐ Other lesion for FNA
☐ Pseudocyst drainage
☐ Other: _____

Clinical Notes: _____

Additional clinical information required:

Please include details about risk factors:

☐ None

☐ Family history of gastro-intestinal malignancy
Details: _____

☐ Current smoker
☐ Recreational drug use
☐ Alcohol excess
☐ Obesity

Additional relevant medical details:

☐ Diabetes: ☐ Type I ☐ Type II ☐ Insulin requiring
☐ No allergies to medication
☐ Allergies: _____
☐ Previous malignancy: _____
☐ Current malignancy: _____

Other relevant information

_____

_____

_____

_____

Anaesthetic Risk:

Please indicate if patient suffers from any of the following:

☐ BMI >40
☐ Symptomatic ischaemic heart disease
☐ Valvular heart disease or congestive heart failure
☐ Severe obstructive sleep apnoea
☐ Respiratory disease requiring oxygen therapy or limiting patient's day to day activities (NYHA class 3)
☐ Chronic kidney disease requiring dialysis or pre-dialysis
☐ Patients with neuromuscular disorders (e.g. myasthenia gravis, muscular dystrophy, cerebral palsy)
☐ Known bleeding disorder
☐ Known prior severe reaction to anaesthesia e.g. malignant hyperthermia, suxamethonium apnoea, severe post-operative nausea or vomiting or known difficult airway

Note: If yes to any of these indicators, patient is not suitable for Sunbury Day Hospital

Anti-Coagulation / Anti-Platelet Therapy*

☐ None

	Can it be stopped?				Can it be stopped?		
☐ Aspirin*	☐ Yes	☐ No	☐ Unsure	☐ Rivaroxaban	☐ Yes	☐ No	☐ Unsure
☐ Clopidogrel	☐ Yes	☐ No	☐ Unsure	☐ Dabigatran	☐ Yes	☐ No	☐ Unsure
☐ Ticagrelor	☐ Yes	☐ No	☐ Unsure	☐ Apixaban	☐ Yes	☐ No	☐ Unsure
☐ Prasugrel	☐ Yes	☐ No	☐ Unsure	☐ Low Molecular Weight Heparin	☐ Yes	☐ No	☐ Unsure
☐ Warfarin	☐ Yes	☐ No	☐ Unsure	☐ Other	☐ Yes	☐ No	☐ Unsure

Comments: _____

* *Note that aspirin can nearly always be continued*

Risk factors for poor bowel preparation for colonoscopy:

Please indicate if patient suffers from any of the following:

☐ Constipation
☐ Obesity
☐ Diabetes
☐ Stroke
☐ Chronic opioid use
☐ Parkinson's Disease
☐ Tricyclic antidepressant use