

Northern Rivers Gastroenterology

Direct Access for Ballina Day Surgery

2.10.2024

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Endoscopy Referral Form

(to be completed by Doctor)

Surname:

First Name:.....DOB:.....

Section A: Referral Request - please attach:

- current patient health summary
- for colonoscopy, a copy of previous report if not done by one of our doctors.

Upper Gastrointestinal Endoscopy

Colonoscopy

- Dr Mark Cornwell
- Dr David Whitaker
- Dr Indira Singh-Grewal

- Dr Howard Hope
- Dr Angus Thomson
- First Available Appointment

Note: for Drs Whitaker, Hope - A current ECG (<6mth) is required if the patient is over 60 OR has a history of heart problems, high blood pressure or recent chest pain.

Indications:.....

Section B: Medical History

Please forward a **full Medical Health Summary** which includes current medications & past medical history to allow our clinical team to review.

Open Access NOT AVAILABLE for

- Insulin Dependent Diabetic
- Age > 80 for upper GI endoscopy
- Age >75 for colonoscopy
- Unstable Angina
- MI in last 6 months
- CVA in last 6 months
- Severe CAL (FEV < 1L)
- Coronary artery stenting in last 6mths
- Other serious conditions

BMI if >35, please refer to St Vincent's Hospital Lismore

ANTICOAGULANTS & ANTIPLATELET AGENTS

Gastroenterologist to review if a patient is on any strong antiplatelet or anticoagulant agent (eg clopidogrel, prasugrel, ticagrelor, Asasantin, Persantin, warfarin, dabigatran, apixaban, rivaroxaban, Clexane etc),

Gastroenterologist needs to be consulted if contraindicated to cease medication.

Drug Name	Strength

Section C: Referring Doctor

Doctor Name

Provider No.....

Signature.....

Date.....

Ballina: Ballina Medical Specialist Centre Level 1, 85 Tamar Street
Lismore: Level 3 St Vincent's Medical Centre 20 Dalley Street
Telephone: 0266220388 ~ Fax: 0266219018 ~ Email: lismore@nrgdoctors.com.au

This section is to be signed by the patient to acknowledge they have received, read and understood the Patient Information sheet on Gastroscopy, Colonoscopy and Polypectomy.

Section D: Patient Information Acknowledgement

I, acknowledge that:

- Prior to proceeding with my Procedure Booking I have read and understood the information about:
 - Upper Gastrointestinal Endoscopy
 - Colonoscopy and Polypectomy
- As I have been told I will be having an anaesthetic, for 24 hours after the procedure, I must not:
 - Drive a motor vehicle or operate machinery
 - Attend work
 - Be in a position of responsibility or supervision
 - Make important decisions or sign legal documents
 - Participate in potentially hazardous activities
- I have been told I need a responsible adult to **escort me home and stay with me for the 24 hours after the procedure.**
- I understand if I have any concerns or questions about the Information provided to me about the procedure I should request to see the Specialist before the procedure.

Signature of Patient

Date