**RAPID ACCESS ENDOSCOPY REQUEST FORM**

Please send completed form by fax: 02 9071 0611 or email: reception@gihealthsydney.com.au

G1, 112 Talavera Road, Macquarie Park, NSW 2112

www.gihealthsydney.com.au

**Requested procedure (please tick)**

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| --- |
| Gastroscopy |
| Colonoscopy |
| Gastroscopy and Colonoscopy  |

**Patient details**

|  |
| --- |
| Title: Given name: Surname: |
| Address: |
| Contact number: DOB: |
| Medicare: Expiry: |
| Private Health Fund: Membership No: |

**Reason for referral (please tick)**

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| Positive FOBT Iron deficiency ± anaemia  |
| PR bleeding Other (please state) |
| Altered bowel habits  |
| History of polyps |
| Family history of cancer |

**Does the patient have any of the following conditions?**

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| Heart condition |
| Significant respiratory condition |
| Advanced liver disease |
| Diabetes |
| Kidney disease |
| Other (please state)  |

**Does the patient take any of the following medications? If yes, please list.**

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| Anticoagulants e.g. warfarin, rivaroxaban |
| Antiplatelet therapy e.g. clopidogrel |
| Insulin |
| SGLT2 inhibitor e.g. dapagliflozin, empagliflozin or in combination therapy e.g. jardiamet, xigduo, glyxambi |

Patients may need a consultation prior if there are any significant health concerns. If your patient is more suitable for a consultation, please tick:

**Referring doctor**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Phone: | Fax: |
| Date of referral: | Provider Number: |