GP Referral

Private ☐ Public patient ☐

Patient details: Click or tap here to enter text.

Patient Current Weight: Click or tap here to enter text.

Description of current problem:			
Non-intentional Weight loss:	☐	Non-intentional Weight loss:	☐
Change in bowel habit:	☐	Dysphagia:	☐
Poor appetite:	☐	Poor appetite:	☐
Rectal bleeding:	☐	Chest pain:	☐
Melaena:	☐	Nausea / vomiting:	☐
Bloating:	☐	Heartburn:	☐
Constipation:	☐	Regurgitation:	☐
Diarrhoea:	☐	Bloating:	☐
Abdominal pain:	☐	Belching:	☐
+ve FOBT:	☐ ☐ NBCSP	Abdominal pain:	☐
Other:	Click or tap here to enter text.	Other:	Click or tap here to enter text.

Background information:

Past History: Click or tap here to enter text.

Familial History: Click or tap here to enter text.

Familial Bowel /Liver /Oesophageal Ca: ☐yes / ☐no Click or tap here to enter text.

Relationship to Pt: Click or tap here to enter text.

Age diagnosed: ☐ 0-50yrs ☐ 50-70yrs ☐ 70+yrs

Chronic familial digestive system diseases (ulcerative colitis, Crohn's, coeliac, IBS):

_____

Direct Access Procedure / Consultation

Is this patient fit & healthy enough to proceed through for a Direct Access involving anaesthesia to investigate this issue? ☐Yes / ☐ No

(If yes, risks and benefits will be discussed in consultation on day of procedure, if no, my rooms will contact patient to arrange an in-rooms appointment)

Direct Access Criteria:

- Under 80yrs of age
- Not on blood thinners
- BMI<35

No significant cardiac or respiratory problems
Not insulin dependent diabetic
No previous adverse reactions to anaesthetic

Referring physician: Click or tap here to enter text.

Provider #: Click or tap here to enter text.

Practice: Click or tap here to enter text.

Thank you for your referral.

Our administrative team will contact the patient to book an appointment.