Health
South Eastern Sydney
Local Health District

THE ST GEORGE HOSPITAL
DEPARTMENT OF GASTROENTEROLOGY AND HEPATOLOGY
DIRECT ACCESS COLONOSCOPY REFERRAL FORM

A/Prof Amany Zekry MBBS, PhD, FRACP
Dr Gokulan Pavan MBBS, MMedEd, FRACP
Dr John Freiman MBBCh, PhD, FRACP
A/Professor Philip Craig MBBS, PhD, FRACP
Dr Jason Behary MBBS, FRACP
Prof Michael Grimm MBBS, PhD, FRACP
Dr Peter Wu MBBS, PhD, FRACP
Professor Emad El-Omar BSC, MBCHB, MD
Dr Fei Chen MBBS, PhD, FRACP

Date of referral:

PATIENT DETAILS

Name:
Gender: DOB:
Phone No: Email:
Address:

INDICATION:

☐ **+FOBT (NBSCP)** *(must attach results)*

☐ **Polyp Surveillance** *(must attach previous colonoscopy and pathology reports)*

MEDICAL HISTORY (please tick all items)	Y	N
Cardiac diseases		
On anticoagulants or antiplatelets (other than aspirin)		
Diabetes on insulin, metformin, or SGLT2 inhibitors		
Cirrhosis		
Chronic kidney disease		
Chronic respiratory disease (COPD, asthma, sleep apnoea)		
Interpreter required – please specify:		

Other issues (please specify):

REFERRING DOCTOR

Name:
Provider Number:
Address:
Tel No: Fax No: Email:

Checklist (please attach all relevant reports)

☐ Health report summary (including medication list)
☐ Recent blood tests (FBC, EUC, Iron studies)
☐ FOBT results ***or*** past colonoscopy reports and histopathology

Please send completed form and relevant reports to

Fax: (02) 9113-3993 or
Email: SESLHD-STGEORGE-GASTROLIVER@HEALTH.NSW.GOV.AU

For inquiries, contact Kristine Dimagmaliw (DAC CNC) on (02) 9113-2194 or kristine.dimagmaliw@health.nsw.gov.au

For Office use only: Accepted for DAC? Yes / No

Yes: Procedural date _____ **No:** Clinic date _____