



**PUBLIC OPEN ACCESS ENDOSCOPY SERVICE**

**Private patients are to be referred directly to a Gastroenterologist**

*As per WA Health Elective Surgery Access and Waitlist Management policy, a patient must be fit and available to accept an appointment within clinical category at the time of this referral*

To forward a Public referral - email [PHC.Referrals@health.wa.gov.au](mailto:PHC.Referrals@health.wa.gov.au) or Fax (08) 9531 8365  
 PHC is unable to finalise a booking date for procedure until the patient has completed Patient Pre-Admission forms (available in hardcopy from Referring Doctor or PHC).

NAME: - First:.....Middle: .....Surname/Family name:.....

MALE  FEMALE  Date of Birth: .....

ADDRESS: - Home: .....

Postal Address if different: .....

Home Phone: ..... Mobile: ..... Work: .....

Email address: .....

Medicare Number: ..... Ref #: ..... Expiry Date: .....

Interpreter required  Yes  No Language spoken: .....

**REFERRAL FOR:-**

**Patients requiring a consultation to be, referred directly to a Gastroenterologist**

Gastroscopy  Colonoscopy  Combined Colonoscopy / Gastroscopy  Other .....

Comments: .....  
 .....

**CLINICAL DETAILS: - Indication for referral - must have at least one indication selected, or a description in another section. Please provide/attach a copy of relevant investigation reports for all clinical indications.**

Previous colonoscopy report & histopathology must be included. Referrals cannot be accepted without this evidence to ensure eligibility for a Medicare funded colonoscopy in line with NHMRC 2019 guidelines and MBS review recommendations.

**Symptom duration:-**  < 6 weeks  6 weeks to 6 months  > 6 months  N/A

**Surveillance Reason: -**

Colorectal cancer  Family history colorectal cancer  Inflammatory bowel disease  Polyps

**Family History:-**

Relative 1: ..... Age of diagnosis: .....

Relative 2: ..... Age of diagnosis: .....

Relative 3: ..... Age of diagnosis: .....



**Lower GI Comments / Additional Information:-**

Date of last endoscopy: ..... Polyp type: .....

- Upper GI indications for Endoscopy:-**  Abdominal imaging  Dyspepsia  Persistent nausea and vomiting  
 Reflux  Upper abdominal pain  Unexplained iron deficiency  Dysphagia  Hematemesis  
 Positive coeliac  Surveillance ( Barrett's)  Other

**Upper GI Comments / Additional Information:-**

**MEDICATION HISTORY: -** Is the patient taking any anti-coagulant or antiplatelet medication/s, including Aspirin?  
*If a patient is on Aspirin, this should NOT be stopped*

- Warfarin  Yes  No Aspirin  Yes  No  
 NOAC  Yes  No  
 Clopidogrel  Yes  No  
 Insulin  Yes  No  
 Oral Hypoglycaemic  Yes  No Specify: .....

Other medications - please provide a list of all medication patient is currently taking, or attach a summary.

.....  
 .....  
 .....

**MEDICAL HISTORY:-**

Height (cm):- ..... Weight (kg):- ..... BMI:- < 45

- Bleeding Disorders  Yes  No Specify: .....  
 Liver Disease  Yes  No .....  
 Neurological  Yes  No .....  
 HIV, Hepatitis B or C  Yes  No .....  
 Kidney Disease  Yes  No .....  
 Anaemia  Yes  No Hb: .....  
 Blood pressure  Yes  No High / Low: .....  
 Recent Surgery  Yes  No .....  
 Diabetes  Yes  No  Insulin dependent  Non-Insulin dependent

Obstructive Sleep apnoea  Yes  No CPAP required  Yes  No

Heart Disease Yes/ No  Coronary stents in situ  < 1 Year  > 1 year

- Implantable defibrillator in situ  Pacemaker in situ  Angina



**Significant lung /airway disease**                      Yes                      No (Specify below)

*NB:- Patients on domiciliary oxygen should be referred to a tertiary facility*

**Additional Medical History:-**

.....  
 .....  
 .....

**Special considerations:-**       Yes       No

Significant alcohol history       Significant, illicit drug history       Significant Mental health issues

**Other / Comments:-**

.....  
 .....  
 .....

**Allergies / Reactions**       NO       Yes      *Specify:-* .....

**Please provide/attach a copy of relevant investigation reports for all clinical indications**

**Exclusion criteria PHC:-**

**Weight** - Patients with a BMI > 40 and weighing > 125kg have restricted access.  
**Patients with BMI > 45 or weighing > 150 kg will not be accepted at PHC**

**Please note:- Incomplete referrals will be returned to referring Doctor for completion**

**PHC is unable to finalise a booking for the procedure until the patient has completed their Patient Pre-admission forms (collect a hard copy from Referring Doctor or PHC).**

**Patients will be advised of clinical urgency for their procedure, and an appointment arranged accordingly.**

**REFERRING DOCTOR: -**

Provider No: -

Practice Name:-

Address:-

Telephone No: -

Fax No: -

Email Address:-

Signature :-

Date:-

Or Doctors stamp & signature:-