

Gastroenterology Request Form



- Gastroenterology
- Inflammatory Bowel Disease
- Hepatology
- Gastroscopy
- Colonoscopy
- Bowel Cancer Screening
- Therapeutic Endoscopy
- Endoscopic Ultrasound
- ERCP
- Capsule Endoscopy
- Enteroscopy

Prof Benedict Devereaux
MBBS(QLD) MPhil FASGE FACG FRACP
Provider No. 2039249H

Dr Patrick Walsh
BSc MB ChB (Otago) FRACP
Provider No. 214889BX

Dr Tom Zhou
BPharm MBBS (QLD) FRACP
Provider No. 253963AX

Locations

- St Vincent's Private Hospital Northside
- Chermiside Day Hospital
- St Andrew's Hospital
- North West Private Hospital
- North Lakes Consulting Suites

Administration

St Vincent's Private Hospital
Northside
627 Rode Road Chermiside
QLD 4032 Australia
fax. (07) 3861 4897
email. reception3@ddq.net.au
www.ddq.net.au

Patient details:

First name _____ Last name _____

Address _____

State _____ Postcode _____

Phone _____ DOB / / _____

Request

Consultation

Colonoscopy

Gastroscopy

*Page 2 of this request form **MUST** be completed if referring for colonoscopy.*

Current medications and alerts:

Renal impairment Warfarin Anti-thrombotics

Anti-platelet agents Preparation issues Diabetes *please circle (Insulin – Yes / No)*

Clinical details:

Referring Doctor's details:

Doctor's name _____

Address _____

Phone _____ Provider No. _____

Signature _____ Date _____

For all appointments please call (07) **3861 4866**

For colonoscopy referrals

Please select from below the reason for referral and attach the appropriate document/s:

- Positive FOBT or Rectal bleeding
- Anaemia, Iron deficiency or abnormal CT scan
- Symptoms which indicate colonoscopy

Please specify: _____

-
- Previous history of colorectal cancer**
Please specify date of last colonoscopy/previous surgery and attach report and histology:

-
- Previous diagnosis of Inflammatory Bowel Disease**
Please give details (if not previously seen at DDQ):

-
- Previous history of colonic polyps**
*Previous report and histology **MUST** be attached.*

- Family history of colorectal cancer which falls in to one of the following categories:
 - 1 first degree relative less than 55 years of age at diagnosis
 - 2 first degree relatives with a history of colorectal cancer
 - 1 first degree relative and 2 second degree relatives with a history of colorectal cancer
- Known or suspected familial condition such as familial adenomatous polyposis, lynch syndrome or serrated polyposis syndrome
- Genetic mutation associated with hereditary colorectal cancer

OR

- The patient has received a recall letter from DDQ advising they are due for a recall colonoscopy