Newcastle Colorectal Surgery

NEWCASTLE ENDOSCOPY CENTRE

NSW GOVERNMENT Health Hunter New England Local Health District

FOBT Rapid Access Colonoscopy Referral Form

Public Patients - Fax 02 4922 3891
Private Patients - Fax 02 4947 6010

Patient Details		**Date of referral:**	
Name:		DOB:	
Medicare No.:		Ref:	Expiry:
Address:			
Phone No.:	Home:	Mobile:	
Interpreter?	Yes ☐ No ☐	Language:	

Please select one Endoscopist or next available

Stephen Smith	☐	Brendan Mcmanus	☐
Brian Draganic	☐	Peter Pockney	☐
Next Available	☐		

Is this patient privately insured - **Yes ☐ / No ☐**
Source of Patients +ve FOBT **– GP Initiated ☐ / National Bowel Cancer Screening ☐**
Patient Weight _____Kg Height _____cm

Relevant Medical History and Risk Factors

Heart Conditions		**Diabetes**	**Type 1 ☐ Type 2 ☐**
Pacemaker	☐	Insulin?	**Yes ☐ / No ☐**
Implantable Defibrillator	☐	**Renal Failure?**	☐
Angina	☐	If yes - GFR:	
Atrial Fibrillation	☐	**Liver Disease**	☐
CHADS2 Score Heart Failure 1pt, H/T 1pt, Age>75 1pt, Diabetes 1pt, Stroke or TIA 2pts			
Artificial heart valve	☐	**Smoker?**	☐

Warfarin ☐	**Clopidogrel** ☐	**Dabigatran / Rivaroxaban** ☐	**Other Oral Anticoagulant** ☐	**Iron Tablets** ☐	**NSAIDS** ☐
Allergies ☐			**ETOH** ☐		

Referring Doctor details	
Provider No.:	
Signature:	Date:

What happens next?
Once this referral has been received, the patient will be contacted and given further information in relation to the bowel preparations and the procedure dates.

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