



FOBT Rapid Access Colonoscopy Referral Form

UNINSURED / PUBLIC PATIENTS - Fax 02 4922 3891

PRIVATELY INSURED PATIENTS – email to info@newcastleendoscopycentre.com.au

Patient Details		Date of referral:	
Name:		DOB:	
Medicare No.:		Ref:	Expiry:
Address:			
Phone No.:	Home:	Mobile:	
Interpreter?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Language:	

Please select one Endoscopist or next available

Dr Stephen Smith	<input type="checkbox"/>	Dr Hasitha Balasuriya	<input type="checkbox"/>
Dr Brian Draganic	<input type="checkbox"/>	Next available	<input type="checkbox"/>

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

<p>Heart Conditions</p> <p>Pacemaker <input type="checkbox"/></p> <p>Implantable Defibrillator <input type="checkbox"/></p> <p>Angina <input type="checkbox"/></p> <p>Atrial Fibrillation <input type="checkbox"/></p> <p>CHADS2 Score Heart Failure 1pt, H/T 1pt, Age>75 1pt, Diabetes 1pt, Stroke or TIA 2pts</p> <p>Artificial heart valve <input type="checkbox"/></p>	<p>Diabetes Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/></p> <p style="color: red;">SGLT-2 Inhibitors Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p>Renal Failure? <input type="checkbox"/></p> <p>If yes - GFR: _____</p> <hr/> <p>Liver Disease <input type="checkbox"/></p> <hr/> <p>Smoker? <input type="checkbox"/></p>
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Warfarin <input type="checkbox"/>	Clopidogrel <input type="checkbox"/>	Dabigatran / Rivaroxaban <input type="checkbox"/>	Other Oral Anticoagulant <input type="checkbox"/>	Iron Tablets <input type="checkbox"/>	NSAIDS <input type="checkbox"/>
Allergies <input type="checkbox"/>			ETOH <input type="checkbox"/>		

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.