## Newcastle Endoscopy Centre Direct Access Colonoscopy Referral



Please complete ALL details & <u>ATTACH HEALTH SUMMARY & RESULTS</u>

Patient Name		Referring Dr.			
		Referring practice			
		GP Ph. No.			
Date of Birth (must be		Referral date			
24-74 years old)					
Patient Address  Patient phone number		ATSI status	□ Aboriginal □ Torres strait Islander □ Aboriginal & Torres Strait Islander		
ratient phone number			10.0.1.00		
Height:	Weight: (<125kg)		BMI: (<38)		
Private Health Insurance	Yes No (These doctors DO NOT accept self-funding patients, see Newcastle Endoscopy Centre website for doctors who do accept patients choosing to self-fund)				
Medicare Number					
Preferred Proceduralist(s)	(please tick)				
☐ Dr. Hasitha Balasuriya	☐ Dr. Michelle Chen	□Dr. Brian Draganic	☐ Dr. Marisol Perez		
			Cerdeira		
☐ Dr. Stephen Smith			□1 <sup>st</sup> available		
Indication Direct Access referrals for the following indications ONLY. Please tick & provide FOBT results or previous					
scope report  Desitive FORT DNRCSD (include results)					
☐ Positive FOBT ☐ NBCSP (include results) ☐ Family Hx details:					
Litaring the details (1 degree, diagnosed under the age of 33 yrs.) details.					
☐ Previous colorectal polyps, cancer, Lynch Syndrome & procedure in timeframe as per proceduralist					
(include report if performed elsewhere)					
Patient Health Status, complete & attach health summary					
Hx of heart disease,	Not suitable for direct access if	Diabetic, type & medications			
stent, surgery	stent/surgery <12 months				
Anticoagulants & reason		Kidney Disease			
Anaemia or Iron		Respiratory disease			
Deficient					
Anaesthetic issues		Other major medical condition	ns:		

Standard Form: 01.02T Revision: 11 27 March 2024

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Clinical Risk Criteria Patient is NOT suitable for Direct Access Program if you answer yes to any of the below				
Frail, symptomatic or unwell	Aged over	74 or under 24		
Multiple chronic medical issues	Cardiac sur past 12 mg	rgery or stent in onths		
BMI over 38	Weight over	er 125kg		
Obvious Rectal Bleeding	Have poor	mobility		
Language barrier	disability, o	intellectual or major comorbidity		

Completion of this form and including a health summary and results will facilitate and expedite the care of your patient. (We cannot proceed without these documents.)

Email referral to: necinfo@curagroup.com.au or necopenaccess@curagroup.com.au

NEC cannot receive or send fax

Phone: 02 4947 6000

Direct Access Nurse Coordinator: 02 4947 6000 and press option 2, ask for

**Direct Access Coordinator** 

Level 2, 20-22 Smith Street Charlestown 2290 PO Box 545 Charlestown https://curagroup.com.au/newcastle-endoscopy-centre

Thank you for your referral to Newcastle Endoscopy Centre.

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