



ST JOHN OF GOD

Geelong Hospital
Surgery Centre

ST JOHN OF GOD SURGERY CENTRE
83 MYERS ST
GEELONG VIC 3220
P: 03 5215 0999
F: 03 5226 1391

ENDOSCOPY AVAILABLE MONDAY TO FRIDAY (EXCLUDING PUBLIC HOLIDAYS)

Dr S. Alexander
Dr N. Heerasing

Dr P Dabkowski
Dr A. Ting

Dr L Beswick
Dr S. Al-Ukaidey

Dr E Prewett
Dr D. Dowling

RAPID ACCESS ENDOSCOPY REFERRAL FORM

PATIENT DETAILS

Name:

Date requested: / /

Address:

Ph:

DOB:

Private health insurance:

Medicare number:

Expiry date: /

Investigation required:

Gastroscopy:

Colonoscopy:

Clinical indication for examination:

Does the patient have any of the following exclusions to rapid access endoscopy?

YES / NO ??

Age >75?

Insulin therapy?

Height/weight/BMI: (must be 35 and under)

Current medications:

Is the patient on antiplatelet or anticoagulant therapy? If so referral directly to gastroenterologist may be required.

Co-morbidities:

Referring practitioner: