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 P Dabkowski	Dr L Beswick	Dr W Beattie
Dr N. Heerasing	Dr A. Ting	Dr S. Al-Ukaidey	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?

Please State:

Is the BMI under 35: Y ☐ N ☐ (BMIs over 35 are not accepted)

Current Medications:

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

Co-Morbidities:

Referring Practitioner: