# Colonoscopy Referral Form

**REFERRAL:** ☐ **Public** ☐ **Private**

**Also Gastroscopy?** ☐ **No** ☐ **Yes**

Please attach indication, Rx, H.Pylori, previous tests

Please attach NBCSP Dorevitch results

## BUNDABERG

- Dr Grace Lim ☐
- Dr Kevin Hung ☐
- Dr Bee Kiat Ang ☐
- Dr Kolitha Goonetilleke ☐
- Dr Heenkenda Kotakadeniya ☐

## HERVEY BAY/MARYBOROUGH

- Dr Ahmad Hooshyari (Gastroscopies only) ☐
- Dr Henk Van Rooyen ☐
- Dr Polbert Diaz ☐
- Dr Sivananthan Suntharalingam ☐
- Dr Ephram Lye ☐
- Dr Gabriela Strey ☐

## Referring Practitioner Information

Name: _____ Email: _____

Address: _____

Signature: _____ Phone:_____ Date: ___/____/____

## Patient Details

Family name: _____ Given name/s: _____

Address: _____ Postcode: _____

Sex: Male ☐ Female ☐ DOB: ___/___/____ Phone: _____ Mobile: _____

**Pt height:** _____ **Pt weight:** _____ **BMI**_____

## Presenting Problems

| | | |
|---|---|---|
| Colorectal symptoms<br>No ☐ Yes ☐ | Recent symptoms<br>(6-12months) No ☐ Yes ☐ | Rectal bleeding<br>No ☐ Yes ☐<br>Mixed with stool ☐ Frank ☐ |
| Loss of weight<br>No ☐ Yes ☐<br>Amount & timeframe: | Diarrhoea<br>No ☐ Yes ☐ Duration: | Abdominal pain<br>No ☐ Yes ☐<br>Describe: |
| Constipation<br>No ☐ Yes ☐<br>Duration:_____ | Other symptoms:<br>No ☐ Yes ☐ Describe: _____ | |

In accordance with NHMRC Guidelines: http://www.cancer.org.au/content/pdf/HealthProfessionals/ClinicalGuidelines/ClinicalpracticeguidelinesJuly2008.pdf

| | | |
|---|---|---|
| Fe+ deficiency anaemia<br>No ☐ Yes ☐<br>Please attach iron studies | Faecal occult blood<br>No ☐ Yes ☐<br>Please attach results | NBCSP test<br>No ☐ Yes ☐<br>Please attach NBCSP Dorevitch results |
| Findings on digital examination<br>Rectal mass ☐ Haemorrhoids ☐ Fissure ☐ NAD ☐ | Previous barium enema<br>No ☐ Yes ☐<br>Please attach report | Previous colonoscopy<br>No ☐ Yes ☐ Date:____/ __/___<br>Please attach report |
| Previous colorectal cancer:<br>Year: _____<br>Please attach D/C summary/report | Previous polyps<br>No ☐ Yes ☐<br>Please attach report | |

## Family History

Family history of colorectal cancer: No ☐ Yes ☐

No of 1st degree relatives with colorectal cancer:_____

Age of 1st degree relatives with colorectal cancer: _____

No of 2nd degree relatives with colorectal cancer: _____

Age of 2nd degree relatives with colorectal cancer: _____

Family history of polyps: No ☐ Yes ☐

Anticoagulant/anti-platelet therapy: No ☐ Yes ☐

Describe:_____

_____

Significant cardiovascular/respiratory disease: No ☐ Yes ☐

Describe:_____

_____

Please complete all fields and submit with results/reports and full patient Health Summary)

December 2018