



Queensland Government

Wide Bay Hospital and Health Service

GASTROENTEROLOGY SERVICES REFERRAL

Hervey Bay
Bundaberg

Maryborough
.....

Family Name:

Given Names:

Address:

Contact Phone:

Date of Birth:

Sex:

M

F

I

Date of referral:

Provider No:

Referring GP:

GP Practice:

Signature:

Email:

PATIENT DETAILS

Medicare Number:

Number on card:

Expiry:

Private Health:

No

Yes

Fund name:

Fund Number:

Interpreter required?

No

Yes

Language:

REFERRAL

Referred for:

Clinic

Gastroscopy

Colonoscopy

Flexible sigmoidoscopy

Brief clinical summary:

PATIENT CLINICAL DETAILS

Diabetes:

Type I

Type II

Requires Insulin

Obesity

Alcohol excess

Anticoagulation therapy:

Yes

No

Current smoker

Recreational drug use

Allergies to medications: ~~AA~~ A

Yes

No

Allergies:

Previous malignancy:

Current malignancy:

Family history of GI malignancy:

GP Notes:

- Please attach a summary letter if the case is complex or you think that this may assist us.
- Referrals will be returned to the referring doctor if they are incomplete or illegible.
- Patients should be referred with their results of appropriate investigations only after they have been reviewed by the referring doctor.
- Priority will be given to those patients with clear evidence of alarm symptoms and/or abnormal test results (imaging and/or blood, fecal tests) that correlate / support the reason for referral.



As of 2019, all previous colonoscopy reports PLUS histology need to be sourced AND attached prior to colonoscopy as per new MBS item numbers and new polyp surveillance guidelines.

Referrals will be sent back if this information is not provided.

SURVEILLANCE / SCREENING COLONOSCOPY

Date of last colonoscopy:

Attach last report including histology

IBD surveillance group:

1

2

3



Ulcerative Colitis

Crohn's

Diagnosed:

Primary sclerosing cholangitis

Diagnosed:

Family history risk screening category:

1

2

3

Familial hereditary syndrome:

Colorectal cancer surveillance

Diagnosed:

Other:

SURVEILLANCE / REPEAT GASTROSCOPY

Date of last gastroscopy:

Attach last report including histology

Barrett's oesophagus

Lynch

Gastric ulcer

Eosinophilic Oesophagitis

APC

Duodenal ulcer

Varices:

Oesophageal

Gastric

Familial hereditary syndrome:

Previous upper GI cancer

Diagnosed:

Previous gastric or bariatric surgery

Date:

Previous therapeutic procedures

Date:

(EMR, RFA, Upper GI surgery)

Other:

FOR DIAGNOSTIC SCOPE CRITERIA CONTINUE ON PAGE 2

DO NOT WRITE IN THIS BINDING MARGIN

GASTROENTEROLOGY SERVICES REFERRAL

Family Name:

Given Name:

Date of birth:

REFERRAL REQUIREMENTS:

Please tick all that apply & provide copy of recent endoscopic procedures (date, report, histology)

DIAGNOSTIC LOWER ENDOSCOPY

COLONOSCOPY FLEX SIGMOIDOSCOPY

Indication: Symptoms and Investigations

Positive iFOBT (attach results)

Iron Deficiency:

With anaemia (attach results) → Duration:

Hb: MCV:

Ferritin: TSAT:

WITHOUT anaemia → Duration:

Anaemia (other):

Rectal bleeding Duration:

DRE finding:

Age ≥ 60 years

Change in bowel habit

Constipation Duration:

Diarrhoea Duration:

C.difficile (attach results):

PCR bac/rival/parasite (attach results)

Abdominal pain Duration:

Pain characteristics:

Possible IBD (Inflammatory Bowel Disease)

Calprotectin CRP

Unintentional weight loss (≥10% of body weight)

Amount: Over what time:

Current weight: BMI:

Primary cancer of unknown origin

Abnormal imaging suggestive of colorectal cancer (attach report)

Palpable mass (or on sigmoidoscopy)

Abdominal Rectal

DIAGNOSTIC GASTROSCOPY

Indication: Symptoms and Investigations

GORD → Not responsive to PPI treatment

Dyspepsia → Not responsive to PPI and/or H.pylori treatment

Malaena

Haematemesis

Upper abdominal pain:

Site: Duration:

Iron Deficiency:

With anaemia (attach results) → Duration:

Hb: MCV:

Ferritin: TSAT:

WITHOUT anaemia → Duration:

Anaemia (other):

Microcytosis:

Abnormal blood test: FBC ELFT (attach results)

B12 deficiency Duration:

Atopy

Suspected malignancy:

Age ≥ 55 years Dysphagia

Loss of appetite Early satiety

Nausea/Vomitting Odynophagia

Suspected upper GI malignancy on imaging (attach report)

Unintentional weight loss (≥10% of body weight)

Amount: Over what time:

Current weight: BMI: .

Known:

Barrett's oesophagus Atrophic gastritis

Gastric dysplasia Coeliac disease

Gastric intestinal metaplasia

Oesophagitis → Grade: A B C D

DO NOT WRITE IN THIS BINDING MARGIN

INTERNAL USE ONLY

Insufficient information to triage. Additional information required - return to referring doctor

Sufficient information provided but NOT suitable to proceed directly to procedure

Redirect to: Gastroenterology clinic IBD clinic Other:

Sufficient information provided → proceed directly to procedure:

Colonoscopy Gastroscopy Flexible Sigmoidoscopy

Suggested Triage: Category 4 Category 5 Category 6

If surveillance scope: Due:/...../..... Cat 4 Cat 5 Cat 6

Recommended bowel prep: Standard Enhanced Clinic review required for bowel prep education

Additional requirements: PAC medical review Anti-coagulation management Diabetic management

Comments:

Date reviewed:/...../..... Reviewed by: Signature: