

# Direct Access Endoscopy Referral

\*All fields must be completed by referring Doctor

## Patient Contact Details

Full Name\*

Address\*

Telephone/Mobile\*

Alternative Contact

Date of Birth\*

dd / mm / yyyy

Medical Insurance\*

VHI  Aviva  Quinn  Other  Self pay

## GP/Referrer Details

Full Name\*

Address\*

Telephone/Mobile\*

Email\*

Fax

IMC Number\*

## Referral Information

Priority

Urgent  Soon  Routine

Procedure Required

OGD  Colonoscopy

### Diagnostic Colonoscopy

- Altered Bowel Habit
- Personal History of Adenomatous Polyp
- Rectal Bleeding
- Iron Deficiency Anaemia
- Family History of Colon Cancer (provide details)
- Iron Deficiency Anaemia
- Haemoccult positive stool

Other Indications\*

### Upper GI Endoscopy

- Abdominal pain
- Follow up Gastric Ulcer
- Unexplained weight loss
- Dysphagia
- GORD
- Dyspepsia (>55 years)
- Haemoccult positive stool
- No response to PPI

Duration of Symptoms\*

## Past Medical History

Current Medications

- Warfarin
- Aspirin
- Plavix
- Other

Is the patient diabetic?\*

- Type 1
- Type 2
- Not Diabetic

Indication for treatment\*

Make a Referral