Sydney Gastroenterology

Upper GI Endoscopy
Colonoscopy
Endoscopic Ultrasound (EUS)
ERCP
EMR and RFA

All correspondence to:
GPO BOX 335
Sydney NSW 2001
P 02 9707 3523
F 02 9709 5637
info@sydneygi.com.au
www.sydneygi.com.au

Dr Darren Pavey
Gastroenterology | Endosonography | Interventional Endoscopy

Direct Access Endoscopy Referral Form

Fax to: (02) 8583-3082 or Email to: direct@sydneygi.com.au

REFERRING DOCTOR INFORMATION

Referring Doctor:_____ Provider Number:_____
Address: _____Post Code: _____
Phone: _____ Fax: _____
CC (if requested): _____

Requested Procedure:

☐ Upper GI Endoscopy (Gastroscopy) ☐ Colonoscopy

Indications for Referral: _____
_____
_____

Signature: _____ Date: _____

PATIENT INFORMATION

Patient Name:_____ D.O.B. _____
Address: _____
_____ Post Code: _____
Phone: _____ Mobile: _____

Medicare: _____
Private Health Fund:_____ Member Number: # _____

ANTI-COAG/ANTI-PLATELET THERAPY

	Can it be stopped?
☐ NONE	
☐ Aspirin	☐ Yes ☐ No
☐ Clopidogrel	☐ Yes ☐ No
☐ Warfarin	☐ Yes ☐ No
☐ Other	☐ Yes ☐ No

COMORBIDITIES (MUST BE COMPLETED)

☐ NONE
☐ Cardiac:
☐ Respiratory:
☐ Renal:
☐ Diabetes: ☐ Type 1 ☐ Type 2
☐ Vancomcin Resistant Enterococci/MRSA:
☐ Blood Borne Virus (please specifiy):

ALLERGIES:

☐ No ☐ Yes :_____

Additional Information:

Any queries regarding the above form phone (02) 9707 3523