



ST JOHN OF GOD

Geelong Hospital
Surgery Centre

ST JOHN OF GOD SURGERY CENTRE
83 MYERS ST
GEELONG VIC 3220
P: 03 5215 0999
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ENDOSCOPY AVAILABLE MONDAY TO FRIDAY (EXCLUDING PUBLIC HOLIDAYS)

Dr S. Alexander Dr P Dabkowski Dr L Beswick Dr E Prewett
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:

Height: _____ Weight: _____ BMI (must be 35 and under): _____

Current Medications:

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

Co-Morbidities:

Referring Practitioner: