Keilor Private
Endoscopy Gastroenterology Hepatology

Referral Form

PATIENT DETAILS

Last Name: _____ **Mobile:** _____

First Name: _____ **Home phone:** _____

Date of birth: _____ **Work phone:** _____

Street Address: _____ **E-mail:** _____

Suburb:

ATTENTION

- ☐ Dr Simon Zanati
- ☐ Dr Geeta Srivatsa
- ☐ Dr Dileep Mangira
- ☐ Dr Julien Schulberg
- ☐ Dr Timothy Papaluca
- ☐ Earliest available

EXAMINATION REQUESTED

- ☐ Colonoscopy
- ☐ Gastroscopy
- ☐ Flexible Sigmoidoscopy
- ☐ Capsule Endoscopy
- ☐ Consultation
- ☐ Other: _____

URGENCY

- ☐ Urgent
- ☐ Not Urgent
- ☐ Routine surveillance

INDICATION

- ☐ Abdominal pain
- ☐ Altered bowel habits
- ☐ Anaemia &/or low iron
- ☐ Barrett's surveillance
- ☐ Diarrhoea
- ☐ Dysphagia
- ☐ Family history of bowel CA
- ☐ Indigestion / Heart burn
- ☐ Nausea / Vomiting
- ☐ Polyp surveillance
- ☐ Positive FOBT
- ☐ PR Bleeding
- ☐ Unexplained Weight loss
- ☐ Other (specify in notes)

SIGNIFICANT ISSUES

- ☐ Anticoagulated

NB: Please do not instruct patient to cease aspirin

- ☐ Cardiac disease
- ☐ Chronic constipation
- ☐ Diabetic
- ☐ High BMI (> 40)
- ☐ Lung disease / OSA
- ☐ Stroke
- ☐ Other (specify in notes)

CLINCAL NOTES

REFERRING DOCTOR

Doctor's Name: _____

Practice: _____

Provider number: _____

Signature: _____

Date:

Doctor's Stamp

NEXT STEPS

Email this form & patient summaries to: info@keilorprivate.com.au

Fax: 03 8340 6499

Or bring it in person to: 771 Old Calder Highway, Keilor

Organise an appointment by calling: 03 8340 6400

https://www.keilorprivate.com.au