

Open Access Endoscopy Referral Form

For any enquiries please contact us on **03 9274 1356** or Please email this referral form together with GP referral letter to **bookingsoffice.wrp@ramsayhealth.com.au** This form can be downloaded at www.warringalprivate.com.au and at www.victoriandayprocedurecentre.com.au

Patient details:

Name:

Date of Birth:

PH / Mobile:

Referring Doctor Details:

Name:

Provider number:

Phone:

Self-Funded Insured

Request for endoscopy:

Gastroscopy – Indications provide details below

Bleeding

Haematemesis

Melaena

Iron deficiency anaemia (attach FBE / Fe studies)

Other

Heartburn / Reflux

Unintentional weight loss

Dysphagia

Persistent nausea or vomiting

Loss of appetite

Epigastric pain

Abnormal imaging (attach report)

Other (details below)

Colonoscopy – Indications provide details below

Bleeding

Positive FOBT → NBCSP Other

PR bleeding → Bright Dark / mixed

Iron deficiency anaemia (attach FBE / Fe studies)

Other

Change in bowel habit (constipation or loose stools)

Unintentional weight loss

Rectal or abdominal mass

Abdominal pain

Abnormal imaging (attach report)

Known large polyp requiring removal
(attach colonoscopy and path reports)

Family History

Other (details below)

Comments:

Victorian Day Procedure Centre

victoriandayprocedure.com.au

Warringal Private Hospital

warringalprivate.com.au

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Ramsay
Health Care