Premier Endoscopy

The Epworth Centre Richmond
Suite 5.1, 32 Erin Street, Richmond VIC 3121
Telephone: 03 9428 1000 Facsimile: 03 8582 6797
www.premierendoscopy.com.au

ENDOSCOPY REFERRAL

For all bookings, please call: 9428 1000 or fax: 8582 6797

☐ Gastroscopy ☐ Colonoscopy ☐ Consultation

Patient name: _____ Date of Birth: ____/____/____

Address: _____

Telephone: _____ Mobile: _____

Referring doctor: _____

Your details (required only if you are a first time doctor or wish to update your details)

Email: _____ Telephone: _____

Fax: _____ Provider No: _____

Preferred method of contact: ☐ Telephone ☐ Email ☐ Fax

Reason for Colonoscopy

- ☐ Colon cancer screening
- ☐ Positive FOBT
- ☐ PR Bleeding
- ☐ Chronic diarrhoea
- ☐ Previous history of polyps
- ☐ Altered bowel movement
- ☐ Iron deficiency anemia
- ☐ History of inflammatory bowel disease
- ☐ Other (please provide details below)

Reason for Gastroscopy

- ☐ Persistent reflux
- ☐ Abdominal pain
- ☐ Iron deficiency anaemia
- ☐ Dysphagia
- ☐ Melaena
- ☐ Nausea/vomiting
- ☐ Barrett's screen / follow up
- ☐ ?Coeliac disease
- ☐ Other (please provide details below)

Comments / further details:

Premier Endoscopy will organise assessment and preparation.
In selected cases this will involve consultation to ensure safety and adequate consent.