

**For all bookings, please call: 9428 1000 or fax: 9421 3435**

☐ Gastroscopy ☐ Colonoscopy Referring Doctor: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Endoscopist:** ☐ Dr Halliday ☐ Dr Prichard ☐ Dr Haridy ☐ Next available

Patient name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**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)