Premier Gastroenterology

The Epworth Centre Richmond
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www.premiergastro.com.au

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

☐ Gastroscopy ☐ Colonoscopy Referring Doctor: _____ Date: _____/_____/_____

Endoscopist: ☐ Dr Halliday ☐ Dr Haridy ☐ Dr Rose Vaughan ☐ 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)

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