Direct Access Endoscopy Service

REFERRAL FORM

To refer a patient to the Macquarie University Health Direct Access Endoscopy Service, please complete this form.

- Ensure all sections are filled out to prevent delays.
- This form is intended for GPs referring privately insured or self-funded patients for gastroscopy and/or colonoscopy without prior consultation with a gastroenterologist.

PATIENT DETAILS

Name		DOB	
Phone		Medicare #	
Email		Ref. expiry	
Address		Height	
		Weight	

☐ Self-funding ☐ Private health insurance – fund details: _____

SERVICES REQUESTED

☐ Gastroscopy ☐ Colonoscopy ☐ Iron Infusion (if required)

INDICATION FOR REFERRAL

☐ Iron deficiency
☐ PR bleeding (minor) or positive FOBT
☐ Change in bowel habit
☐ Family history of colorectal cancer
☐ Surveillance for polyps or IBD
☐ Dyspepsia
☐ Dysphagia
☐ Abnormal imaging or bloods
☐ Other (please specify): _____

IS THE PATIENT ELIGIBLE FOR DIRECT ACCESS PROCEDURE?

If the patient has the following conditions, they require a separate consultation prior to booking:

☐ Known or suspected complex active IBD
☐ Angina/cardiac procedure within 12 months
☐ Pacemaker/defibrillator
☐ Congestive heart failure
☐ Active respiratory disease
☐ Diabetes
☐ Previous anaesthetic concerns
☐ Advanced liver disease
☐ Advanced renal disease
☐ GLP-1/GIP use
☐ Age over 70
☐ High anaesthetic risk (ASA 3 or above)
☐ Anticoagulation/antiplatelet therapy
☐ BMI > 40
☐ Active cancer
☐ Pregnant
☐ Severe sleep apnoea

REFERRING DOCTOR

Name		Phone	
Provider #		Email	
Address		Signature	
		Date	

Please email the completed form and relevant documents to **gastroenterology@mqhealth.org.au**
A member of the Macquarie University Health team will contact the patient to arrange the procedure.

MACQUARIE UNIVERSITY HEALTH DIRECT ACCESS ENDOSCOPY SERVICE
E: gastroenterology@mqhealth.org.au

MACQUARIE UNIVERSITY Health

CRICOS Provider 00002J | MQH420217