GASTROENTEROLOGY REFERRAL

Dr Sam Galhenage, South Perth Endoscopy Unit - 20 Fortune St, South Perth WA 6151

PLEASE REMIND THE PATIENT TO BRING THIS ORIGINAL REQUEST FORM TO THE APPOINTMENT

☐ **Gastroscopy**

☐ **Colonoscopy**

1. Please fax this request to 9368 2300
2. Please ask the patient to phone 9368 2333 for an appointment.

☐ **Consultation**

1. Please email your request for a consultation to: admin@samgalhenage.com.au or fax to 6244 6299
2. Please ask the patient to phone 6244 6200 for an appointment for a consultation

First name :

Last name :

Date of birth : / /

☐ Male ☐ Female

Referral Date :

Phone :

Referring GP :

Address :

Referring GP Address :

Medicare Number :

Referring GP Phone :

Private Health Fund/DVA :

Referring GP Provider Number :

Private Health Fund membership number/DVA Number :

☐ Reflux/Heartburn
☐ FHx GI malignancy
☐ Rectal bleeding
☐ Other

☐ Anaemia
☐ +FOBT
☐ Diarrhoea

☐ Dyspepsia
☐ Abdominal Pain
☐ Altered bowel habit

☐ Abnormal radiology
☐ CRC screening
☐ Polyp surveillance

☐ Heart disease
☐ Valvular heart disease
☐ Lung disease
☐ Diabetes Mellitus
☐ Bleeding disorder
☐ Other :

☐ Aspirin/Anti-inflammatory drugs
☐ Insulin
☐ Allergies *(please list)*

☐ Warfarin
☐ Other antiplatelet/ anticoagulant medication *(please list)*