REQUEST FOR CONSULTATION

GOLD COAST HOSPITAL AND HEALTH SERVICE

**ENDOSCOPY SERVICES CLINIC**

Template for correspondence to refer patient to

**ENDOSCOPY (Gastroscopy, Colonoscopy, Capsule Endoscopy and Enteroscopy, EUS and ERCP, Polyposis syndromes, Surveillance procedures, Bowel cancer screening)**

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| **SEND TO** Dr Sneha John (Director of Endoscopy)  Outpatient Access and Scheduling Centre  Fax: 07 5687 4497  **OR**  **Secure transmission service via Medical Objects,**  **Healthlink to**  **QHEALTH, GOLD COAST HEALTH Outpatients**  **Outpatient Bookings and Referrals** | **FROM**  **Doctors Name:**  **Practice Name:**  **Practice Address:**  **Phone:**  **Fax:**  **Email:**  **Provider Number:** |

**Please note that this referral template is only for requesting endoscopy**

Gold Coast Health developed and implemented an ‘Open Access’ Colonoscopy and Gastroscopy service to help improve patients’ waiting times for specialist services. Eligible patients will no longer be required to attend for an Endoscopy Outpatient Appointment, but will be booked directly for procedures. This service is contingent on the referring clinicians ensuring that patients meet the eligibility criteria and do not have significant anaesthetic risk factors (see Section 4). If you would like to discuss the direct access service further, or have any questions, please contact the Endoscopy direct line at 07 5687 5549.

Dear Dr John

**SECTION 1 Patient details**

**Patient Full Name:**

**DOB:**

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| **Gender:**  **Address:**  **Home Ph**:  **Mobile Ph:**  **Medicare Number\*:**  (\*Medicare ineligible patients will incur a consultation fee) | **Next of Kin/Alternative Contact:**  **Next of Kin/Alternative Contact Ph:**  **Does patient identify as Aboriginal and/or Torres Strait**  **Islander:**  **Interpreter required:**  **If yes, specify language:** |

**SECTION 2 Reason for referral and additional clinical information**

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| Please indicate the type of referral from the following options:  If other or multiple type of referral required, please specify:  (Please include reason for this referral and relevant history, clinical examination findings and treatment to date. In particular, please indicate if the patient has red flag symptoms such as dysphagia, weight loss, overt bleeding, vomiting and significant abdominal pain. Please note that a significant family history of colorectal cancer would be: colorectal cancer in a first degree relative < 55 years or 2 first or second degree relatives on the same side of the family (any age) or multiple bowel cancers in a first degree relative.)  Please provide provisional diagnosis (if available):  Please include any symptoms and date of onset (if known):  **Paste or type relevant history, clinical examination findings and treatment to date if required** |

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| **SECTION 3 Eligibility criteria for direct access to endoscopy** |

Please provide the patients age:

Please provide the patients BMI:

Has PPI or similar treatment been trialled:

If yes, please specify:

Evidence of anaemia, weight loss or haematemesis:

If yes, please specify:

Does patient have diabetes mellitus:

If yes, specify if managed with injectable/oral drugs:

Is patient prescribed anticoagulants/anti platelets:

If yes, please specify:

**SECTION 4 Anaesthetic risk**

For patients to be eligible for the direct endoscopy service, their **anaesthetic risk should** be low to moderate. It is therefore essential to consider and inform us if any of the **following 'high risk' anaesthetic risk factors** are present.

**Moderate to severe respiratory disease:**

**Heart failure:**

**Valvular disease:**

**Pulmonary hypertension:**

**Ischaemic heart disease:**

**CVA/MI/TIA within the last 3 months:**

**Able to walk one flight of stairs without rest:**

**Moderate to severe liver disease:**

**Renal failure (CKD 4 or worse):**

**History of malignant hyperthermia:**

**Neuromuscular disease:**

**SECTION 5 Investigations**

Please indicate whether the following pre-requisite investigations have been undertaken in order for this referral to be processed and attach the results. In addition, please also attach any investigation results you consider to be relevant, **such as coeliac serology, faecal occult blood, helicobacter pylori test results and any prior endoscopic test results and or histology.**

**FBC:**

**UCE/LFT:**

**Iron Studies:**

**Coagulation Profile:**

**SECTION 6 Duration of referral**

Please indicate how long you would like your referral to remain valid:

☐ 12 months

☐ Indefinite

Indefinite referrals do not expire until the patient has been discharged by the hospital service. When referrals expire, there is an expectation that the referring GP or another GP will review the care of the patient. If the patient still requires specialist care, the GP will then have to request a referral continuation.

**SECTION 7 Social factors and impact on the patient**

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| Consider the impact on employment/education; activities of daily life; ability to care for others; personal safety/frailty;  other factors. **Please paste or type relevant information.** |

**SECTION 8 Medical history including co-morbidities and previous surgical interventions**

**Alcohol Status/History:**

**Smoking Status/History:**

**Medical History:**

**Comorbidities:**

**Previous Procedures:**

**Allergies/Adverse Reactions:**

**Current prescribed medications:**

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| **SMOs/VMOs in this Specialist Service** |

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| --- | --- | --- |
| Dr Russell Canavan (Director Digestive Health) | Dr Sneha John (Director Endoscopy) | Dr Alicia Braund |
| Dr John Edwards | Dr Naveed Ishaq | Dr Yon Xian Koh |
| Dr Tariq Masood | Dr Michael Murray | Dr George Ostapowicz |
| Dr Kash Sheikh | Dr Dheeraj Shukla | Dr Kevin Tang |
| Dr Griff Walker |  |  |