



ST. VINCENT'S MELBOURNE
GASTROENTEROLOGY/COLORECTAL/UPPER
GASTROINTESTINAL REFERRAL TO CLINICS*

UR No.: _____
Surname: _____
Given Name: _____
D.O.B.: _____
Please fill in if no Patient Label available

Hospital use only:

Clinic triage category: Urgent 6 weeks 12 weeks Routine Incomplete referral – return to GP

Comments:

Name of triaging Doctor: _____

*Please review the SVHM Endoscopy Pathways and other clinical information available here
<https://svhm.org.au/home/health-professionals/specialist-clinics/e/endoscopy> before making a referral to SVHM Endoscopy services

Patient details

Referring doctor details

Name: _____
Date of Birth: _____
Sex: _____
Address: _____
Suburb: _____ Postcode: _____
Phone (Home): _____ Phone (Work): _____
Mobile: _____
Medicare number: _____
DVA number: _____
Aboriginal or Torres Strait Islander origin? (Y/N) _____
Interpreter required? (Y/N) _____
Language: _____

Name: _____
Practice: _____
Practice Address: _____
Suburb: _____ Postcode: _____
Phone: _____ Fax: _____
Provider number: _____
Date: _____
Email: _____

Specialty required:

- Gastroenterology – HoU Alex Thompson
- Colorectal surgery – HoU Rod Woods
- Upper gastrointestinal surgery – HoU Simon Banting

Type of patient (Please tick)

- National Bowel Cancer Screening:** Cease here. Submit referral
- Endoscopic Recall/Surveillance:** Complete below
- New patient:** Complete below

Recall and New patients ONLY

REASON(S) FOR REFERRAL

Upper GI
Symptoms present for (circle):
<6 weeks >6 weeks >6 months

- Bleeding
- Haematemesis
- Melaena
- Iron Deficiency Anaemia (attach FBE / Fe studies)
- Unintentional weight loss: _____ kg
- Dysphagia/pain on swallowing
- Persistent nausea or vomiting
- Loss of appetite
- Epigastric pain
- Reflux
- Atypical chest pain
- Abnormal imaging (attach report)
- Other, please state: _____

Lower GI
Symptoms present for (circle):
<6 weeks >6 weeks >6 months

- PR bleeding
- Positive FOBT
- Blood in stools → Bright Dark / mixed
- Iron Deficiency Anaemia (attach FBE / Fe studies)
- Change in bowel habit (constipation/loose stools)
- Unintentional weight loss: _____ kg
- Rectal or abdominal mass
- Abdominal pain
- Abnormal imaging (attach report)
- Known large polyp requiring removal (attach colonoscopy and path reports)
- Surveillance
- Previous Ca bowel
- Previous polyps (attach histology of previous polyps)
- Family history of colorectal cancer
- Anal pain
- Other, please state: _____

GP signature: _____ Referral valid for: 12 months Indefinite

Please attach medication, past medical history, and relevant pathology and imaging results with this referral

Additional clinical information to assist with determining urgency of procedure:

Please fax referral to (03) 9231 3489. Incomplete referrals will be returned!

For any booking/referral enquiries phone (03) 9231 2898 (GP Enquiries).

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