

# NT Medical Specialist

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9 Symes Street  
NAKARA NT 0810  
ABN: 76 671 785 903

Phone: 08 89277 026

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## OPEN ACCESS ENDOSCOPY REFERRALS:

<b>PATIENT NAME</b>	<b>DOB</b>
<b>ADDRESS</b>	<b>TEL/MOB</b>
<b>INDICATION(S):</b>	
<b>IMPORTANT - PLEASE TICK:</b>	
<input type="checkbox"/> <u>Is the patient on blood thinning medication?</u> e.g. warfarin, clopidogrel (Plavix, Iscover), dabigatran (Pradaxa), ticagrelor (Brilinta). Aspirin is acceptable and safe to continue.	
<input type="checkbox"/> <u>Patient is diabetic and on hypoglycaemics.</u> e.g. insulin, gliclazide	

<b><u>PROCEDURE REQUIRED</u></b>		
<input type="checkbox"/> GASTROSCOPY	<input type="checkbox"/> COLONOSCOPY	<input type="checkbox"/> CAPSULE ENDOSCOPY
<input type="checkbox"/> BREATH TESTING (IBS, bloating, diarrhoea, bacterial overgrowth)		

<b>REFERRING DOCTOR</b>	
<b>PROVIDER NUMBER</b>	
<b>SIGNATURE</b>	<b>DATE</b>

*\*Please fax the referral to 8927 7038*

*\*Any questions please call the rooms on 8927 7026*

### **Endoscopy patient questionnaire** (Please complete with patient)

1. Do you suffer or have suffered from a heart condition Y / N  
If yes: please provide details...
2. Do you suffer from a chest condition that potential makes you breathless Y / N
3. Are you restricted with your mobility, prone to falls or unsteady on your feet? Y / N