

# NT Medical Specialist

PO Box 43347, Casuarina NT 0810  
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WANGURI NT 0810

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ABN: 76 671 785 903

## CAPSULE ENDOSCOPY REFERRALS:

|   |  |
|---|--|
| <b>PATIENT NAME</b>   | <b>DOB</b>   |
| <b>ADDRESS</b>  | <b>TEL/MOB</b>   |
| <b>INDICATION(S): Please tick one of the following</b>  | <b>IMPORTANT - PLEASE TICK:</b>                        |
| <input type="checkbox"/> Anaemia  | <input type="checkbox"/> URGENT (within 2 weeks)       |
| <input type="checkbox"/> Evidence of GI Bleed   | <input type="checkbox"/> Semi- Urgent (within 1 month) |
| <input type="checkbox"/> Evidence of Peutz –Jeghers syndrome  | <input type="checkbox"/> Routine (within 6 weeks)      |
| <b>Clinical Information</b>   |  |
| Please outline plans for follow up  |  |
| <b>Potential Risk Minimisation</b> - please add details below if answering yes to any of the questions. |  |
| 1. Does the patient have any swallowing difficulties? Y/N   |  |
| 2. Is there any history of bowel obstruction, bowel surgery or abdominal radiotherapy? Y/N              |  |
| 3. Does the patient have an electronic device(pacemaker, implantable defibrillator) Y/N                 |  |
| 4. Is the patient on NSAIDS or Diabetic (please specify if on insulin)? Y/N                             |  |

*\*Please fax the referral to 8927 7038. Any questions please call the rooms on 8927 7026*

### Capsule Endoscopy Checklist

Please attach the following reports with the referral. **Please note that referrals can only be accepted once the following information is received.**

- Gastroscopy and colonoscopy reports Y / N
- Most Recent Hb result Y / N
- Iron study results Y / N

### REFERRING DOCTORS DETAILS

|                               |                         |
|-------------------------------|-------------------------|
| <b>REFERRING DOCTOR NAME:</b> | <b>PROVIDER NUMBER:</b> |
| <b>SIGNATURE:</b>             | <b>DATE:</b>            |