NT MEDICAL SPECIALIST

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REFERRAL FOR OPEN ACCESS ENDOSCOPY

Patient details	Surname		DOB		
	Given name		Gender	☐ M	☐ F
	Address		Tel (H)		
			Tel (M)		
			Tel (W)		
Referring doctor	Name				
	Provider no				
	Address				
	Tel	Fax	Email		
Insurance Status	☐ Insured	☐ Uninsured	☐ DVA	☐ Defence	
Indication (s)					
Important Clinical Information	☐ Is the patient on blood thinning medication? e.g. Warfarin, Clopidogrel (Plavix, Iscover), Dabigatran (Pradaxa), Ticagrelor (Brilinta). Aspirin is acceptable and safe to continue.				
	☐ Patient is diabetic and on hypoglycaemics. e.g. Insulin, Gliclazide				
Procedure Required	☐ Gastroscopy		☐ Colonoscopy		
Priority	☐ Urgent	☐ Semi-urgent	☐ Non-urgent		
Date of request		Signature of requesting doctor			

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 potentially makes you breathless Y / N

3. Are you restricted with your mobility, prone to falls or unsteady on your feet? Y / N

NT MEDICAL SPECIALIST

A team of experienced and highly qualified Specialists providing personalised care.

Gastroenterology

Sleep and Respiratory

Inpatient Sleep Lab

General Medicine

Western Diagnostics Pathology

Dermatology

Oncology

Dietetics

Psychology

We are located at
21 VANDERLIN DRIVE, WANGURI NT 0810
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Opening Hours: Monday to Friday 8.00am to 4.30pm. After Hours and Weekends: By Appointment