Government of **Western Australia**
Department of **Health**

Request for Direct Access Gastrointestinal Endoscopy (Adult)

Referral for:

Reason for Referral (must select one): suspected cancer

If other please specify

For clinical assessment or other procedures (e.g. ERCP, EUS) please use the CRS General Adult Outpatient form.
For guidance on referral guidelines, refer to the Clinician Assist WA or Referral Access Criteria websites.

Patients who require immediate attention (ie. within 7 days) should **NOT** be referred via the Central Referral Service – contact the Gastroenterology service at the nearest site for advice.

For sites in scope for Central Referral Service (CRS), please send this form onto CRS. For sites out of scope for CRS, please forward directly onto the relevant hospital.

Patient Details

First name:

Family Name:

Maiden Name/Alias:

DOB:

Sex:

Address:

Suburb:

Postcode:

Home phone:

Work phone:

Mobile:

Email:

Medicare no:

Ref:

Expiry:

Next of Kin:

Contact no:

Interpreter required:

Language:

Indigenous status:

Patient available at short notice (<3 days):

Referrer Details

Name:

Provider number:

Phone number:

Fax number:

Address:

Date:

Signature:

Lower GI indications for endoscopy:
(MUST tick at least one box and attached relevant evidence/provide comment as indicated if referring for colonoscopy or referral will be returned)

- ☐ Rectal bleeding (multiple occurrences or continuous) for >4 weeks (specify time and no. of episodes below)
- ☐ +iFOBT where a colonoscopy has not been performed within last 2 years (attach results)
- ☐ Altered bowel habit >6 weeks AND in presence of alarm symptoms (provide description and must select at least one alarm symptom below)
- ☐ Altered bowel habit >6 weeks AND age>=45 (provide description)
- ☐ Diarrhoea >6 weeks with negative stool culture (attach MC&S results)
- ☐ Unexplained iron deficiency +/- anaemia (attach FBC results)
- ☐ Mass or abnormal imaging (attach report)
- ☐ After first episode of proven diverticulitis to exclude neoplasm
- ☐ Surveillance procedures required within 12 months (specify reason & attach reports)

Alarm symptoms for lower GI endoscopy:
(informs triage- tick all that apply and attach evidence/ provide detail)

- ☐ Persistent rectal bleeding
- ☐ Unexplained progressive weight loss
- ☐ Bloody diarrhoea with negative stool MC&S
- ☐ Persistent severe abdominal pain
- ☐ Unexplained iron deficiency anaemia

Lower GI comments / evidence to support indications:

Upper GI Indications for Endoscopy:
(MUST tick at least one box and attached relevant evidence/provide comment as indicated if referring for gastroscopy or referral will be returned)

- ☐ Unexplained iron deficiency +/- anaemia (attach FBC results)
- ☐ Unexplained recent dyspepsia AND in presence of alarm symptoms (select at least 1 alarm symptom below)
- ☐ Non-responsive GORD
- ☐ Persistent or recurrent (>=4 weeks) dysphagia (specify time and no. of episodes)
- ☐ Mass or abnormal imaging (attach report)
- ☐ Upper abdominal pain AND unexplained weight loss OR abnormal blood test (describe symptoms and attach results)
- ☐ Persistent nausea/vomiting AND unexplained weight loss OR abnormal blood test (describe symptoms and attach results)
- ☐ Suspected Coeliac disease with positive serology (attach results)
- ☐ Known Coeliac disease with no exposure to gluten AND persistent high titres after 12 months OR in presence of alarm symptoms (select at least 1 alarm symptom below)
- ☐ Pernicious anaemia (serologically diagnosed), asymptomatic at time of diagnosis (attach results)
- ☐ Surveillance procedures required within 12 months or requested by previous endoscopist (specify reason and attach reports)

Alarm symptoms for Upper GI Endoscopy:
(informs triage- tick all that apply and attach evidence/ provide detail)

- ☐ Gastrointestinal bleeding
- ☐ Unexplained progressive weight loss
- ☐ Unexplained iron deficiency anaemia
- ☐ Dysphagia
- ☐ Early satiety

Upper GI Comments/ evidence to support indications

Medical History and Risk Factors

Height (cm): ☐ **Weight** (kg): ☐ (Estimate if not known)

- ☐ Bleeding disorder (specify below)
- ☐ Neurological history (specify below)
- ☐ Significant lung/airway disease
- ☐ Liver disease (attach recent LFT/INR/ platelets)
- ☐ Diabetes
  Type ☐
- ☐ Kidney disease (Attach recent U&E)
- ☐ Recent surgery (specify below)
- ☐ Obstructive sleep apnoea
- ☐ Heart Disease
- ☐ Previous CVA
- ☐ None
- ☐ Pacemaker in situ
- ☐ Cardiac stents in situ
- ☐ Implanted defibrillator in situ

For any of above in situ items, specify when
> 1 year ☐ <1 year ☐

Additional Medical History Details:

Special Considerations:

- ☐ Significant alcohol history
- ☐ Significant illicit drug history
- ☐ Significant mental health issues
- ☐ Other social factors e.g. homeless (detail below)
- ☐ Department of Justice patient
- ☐ Nursing home patient

Other / Comments:

Is the Patient taking any anti-coagulant or anti-platelet medication/s, including Aspirin?

Yes ☐ No ☐

If yes, please specify drug and reason (and include any relevant documentation from other specialists:

Current medication:
Please list all medications patient is currently taking, or attach summary

Allergies / Reactions (inc. latex, tapes etc.):

Nil known ☐

Relevant Investigations - Please provide date and findings, or attach report:

Other Comments:

Once completed, please send referral to the Central Referral Service by one of the following methods:
(Please note that for efficiency of processing your referral, our preferred method is **Secure Messaging**)

Secure Messaging: Healthlink address ID: **crefserv**

Fax: 1300 365 056

Post: Central Referral Service, GPO Box 2566, St Georges Terrace, WA 6831

Hospital Use Only			
Triage Outcome Category 1 ☐ Category 2 ☐ Surveillance (Staged Cat 2) ☐ Date due: _____ Return to referrer (specify below) ☐ Forward to other site: ☐ _____	**Procedure** Colonoscopy ☐ Gastroscopy ☐ Flexi sigmoidoscopy ☐ _____ ☐	**Admission Type** Same day ☐ Overnight ☐	**Other requirements** PAC telephone ☐ PAC in person ☐ Anaesthetic list ☐
Comments:			
Name: Designation:	Signature:	Date:	