

# Open Access Endoscopy Referral Form

For any enquiries please contact us on **03 9038 1300**  
or Please email to **bookingoffice.msp@ramsayhealth.com.au**  
This form can be downloaded at **www.masadaprivate.com.au**

## Patient details:

Name: .....

Date of Birth: .....

PH / Mobile: .....

## Referring Doctor Details:

Name: .....

Provider number: .....

Phone: .....

**Self-Funded**       **Insured**       **Date** ..... / ..... / .....

## Request for endoscopy:

**Gastroscopy** – Indications provide details below

### Bleeding

- Haematemesis
- Melaena
- Iron deficiency anaemia (attach FBE / Fe studies)

### Other

- Heartburn / Reflux
- Unintentional weight loss
- Dysphagia
- Persistent nausea or vomiting
- Loss of appetite
- Epigastric pain
- Abnormal imaging (attach report)
- Other (details below)

**Colonoscopy** – Indications provide details below

### Bleeding

- Positive FOBT →     NBCSP     Other
- PR bleeding →     Bright     Dark / mixed
- Iron deficiency anaemia (attach FBE / Fe studies)

### Other

- Change in bowel habit (constipation or loose stools)
- Unintentional weight loss
- Rectal or abdominal mass
- Abdominal pain
- Abnormal imaging (attach report)
- Known large polyp requiring removal (attach colonoscopy and path reports)
- Family History
- Other (details below)

Comments:

