Masada Private Hospital

Open Access Endoscopy Referral Form

For any enquiries please contact us on **03 9038 1300** *or Please email this referral form together with GP referral letter to* **bookingsoffice.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**

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: