Merrion Road,
Dublin 4

Tel: +353 1 2638000
Web: www.svph.ie

St. Vincent's Private Hospital

ENDOSCOPY DIRECT ACCESS REFERRAL

Patient Details:
Name: _____
DOB: _____
Address :_____
_____

Telephone:_____
Mobile:_____

GP Details:
Name: _____
Address: _____
_____

Telephone _____
Fax: _____
Emai_____

Priority: **Urgent** **Soon** **Routine**

Medical Insurance: VHI Aviva Quinn Other Self pay

Procedure Required **OGD** **COLONOSCOPY**

Gasroscopy Indications
Dyspepsia
Heartburn/Reflux
Dysphagia
Haemotemisis/Malaena
Nausea/Vomiting
Anaemia
Weight loss
Barrett's Oesophagus
Varices Assessment
Epigastric Pain

Colonoscopy Indications
PR Bleeding
Altered Bowel Habit
Iron deficiency Anaemia
IBD Surveillance
Family History of Colon Ca
Previous Polyps
Abdominal Pain

Other Indications_____

Duration of Symptoms_____

Past Medical History: _____

Current Medications: _____

Is patient on : Warfarin Aspirin Plavix
Indication for treatment_____
Is the patient Diabetic? Type 1 Type 2

Please advise patient to take Blood Pressure meds with a sip of water on the morning of procedure. For Colonoscopy, please give patient script for Picolax X 2 sachet for day prior to procedure

GP Signature _____ Date _____

PLEASE FAX to : 01 2638290 **ENQUIRIES: daycare@svph.ie**