

ENDOSCOPY DIRECT ACCESS REFERRAL

Patient Details		GP Details	
Name:		Name:	
Date of Birth:		Address:	
Address:			
Telephone:		Telephone:	
Mobile:		Fax:	
		Email:	
Priority	<input type="radio"/> Urgent	<input type="radio"/> Soon	<input type="radio"/> Routine

Medical Insurance	<input type="radio"/> VHI <input type="radio"/> Irish Life <input type="radio"/> Glo <input type="radio"/> Laya <input type="radio"/> Other <input type="radio"/> Self-Pay
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Procedure Required	<input type="radio"/> OGD <input type="radio"/> COLONOSCOPY
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Gasroscopy Indications Dyspepsia

- Heartburn/Reflux
- Dysphagia
- Haematemesis/Melaena
- 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 Cancer
- Previous Polyps
- Abdominal Pain

Other Indications:	
Duration of Symptoms:	
Past Medical History:	
Current Medications:	
Is patient on:	<input type="radio"/> Warfarin <input type="radio"/> Aspirin <input type="radio"/> Plaxix
Indication for treatment:	
Is patient diabetic:	<input type="radio"/> Type 1 <input type="radio"/> Type 2

Please advise patient to take blood bressure medication with some water on the morning of procedere. For Colonoscopy procedures, please give patient a script for 2 x Moviprep sachet for the day prior to procedure

GP Signature:	Date:
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