

Patient Details:
Name: _____
DOB: _____ **Gender:** M F
Address: _____

H) M)

Referral To:

| |
|---|
| <input checked="" type="checkbox"/> Dr Hansjorg Seltenreich |
| <input checked="" type="checkbox"/> Dr Dawid Smalberger |
| <input checked="" type="checkbox"/> Dr Michael Schoeman |
| <input checked="" type="checkbox"/> Dr Dario Sorrentino |
| <input checked="" type="checkbox"/> |

Reason for referral:

| <u>Symptoms</u> | YES | NO |
|---|----------|-----------|
| Altered Bowel | | |
| Anaemia | | |
| PR Bleed | | |
| Wt Loss | | |
| <u>Investigations</u> | Attached | Requested |
| E/LFT | | |
| CRP | | |
| FOB | | |
| Ferritin | | |
| <u>Suggested Investigations</u> | Attached | Requested |
| Inflam Bowel Disease – ESR | | |
| Abdo Pain – Ct or U/S | | |
| Anaemia – Ferritin, B12, folate | | |
| Diarrhoea – Stool m/c/s, TSH, celiac serology | | |

If requested which provider used (circle one)

| | | | |
|-----|-----|----------|---------|
| QML | S&N | Gribbles | Coastal |
|-----|-----|----------|---------|

Allergies: _____

Smoker: Y N **Alcohol:** ____drinks/wk N

BMI > 35: Y N

Special Circumstances:

Relevant Medical History

Previous colonoscopy? Y N **Date:** _____

Polyps Present? Y N

Was histology performed/where?

Family Hx Bowel Cancer (Relationship and age of diagnosis)? _____

Updated Co morbidities:

Updated Medications:

GP/PRACTICE STAMP:

GP Signature:

Date: