

Endoscopy Direct Access Referral

PATIENT DETAILS

Name _____

Date of Birth _____

Address _____

Telephone _____

Mobile _____

Priority URGENT SOON ROUTINEMedical Insurance VHI IRISH LIFE QUINN OTHER SELFPAYProcedure Required OGD COLONOSCOPY**GASTROSCOPY INDICATIONS**

- Dyspepsia
- Heartburn/Reflux
- Dysphagia
- Haematemesis/Melaena
- Nausea/Vomiting
- Anaemia
- Weight loss
- Barrett's Oesophagus
- Varices Assessment
- Epigastric Pain

Duration of Symptoms _____

Past Medical History _____

Current Medications _____

Is the patient medically fit for bowel preparation Yes No N/AIs patient on Warfarin Aspirin Plavix Xarelto Pradaxa

Is the patient on any other blood thinners?

Indication for treatment

Is the patient Diabetic? NO YES Is the patient on Insulin? NO YES

Has the patient had Cardiac Surgery / Valve Surgery? _____

*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 KLEAN Prep x 4 sachets for day prior to procedure.*

GP Signature _____ Date _____

ENQUIRIES: daycare.unit@blackrock-clinic.com

PLEASE FAX to : 01 2064532

*Please Note – The following patients should be referred directly to the consultants secretary:
Patients over the age of 75 years · Patients with a significant cardiac history · Diabetic patients on Insulin therapy*

GP DETAILS

Name _____

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COLONOSCOPY INDICATIONS

- PR Bleeding
- Altered Bowel Habit
- Iron deficiency Anaemia
- IBD Surveillance
- Family History of Colon Cancer
- Previous Polyps
- Abdominal Pain