

Colonoscopy Referral for Positive Faecal Occult Blood Test



Name: <<Patient Demographics:Full Name>> DOB:<<Patient Demographics:DOB (long)>>
 Address:<<Patient Demographics:Full Address>>
 Home Phone: <<Patient Demographics:Phone (Home)>> Mobile:<<Patient Demographics:Phone (Mobile)>>
Lives alone: <<Lives alone?>>

Insurance

Medicare: <<Patient Demographics:Medicare Number>> Exp: <<Patient Demographics:Medicare Expiry Date>>
Private Fund: <<Patient Demographics:Health Insurance>>
DVA: <<Patient Demographics:DVA Number>>

Patient agrees to colonoscopy by the **first available endoscopist** <<Pt agrees to colonoscopy first available appt?>>

Referral to a specific endoscopist: N.B. this may lead by delayed colonoscopy

Indication for Colonoscopy: Positive Faecal Blood Test *(please attach reports)* <<Indication of Colonoscopy + Faecal Blood Test?>>
 National Bowel Cancer Screening Program <<National Bowel Cancer Screening Program?>>

Risk of Bowel Cancer

<<Please state year of bowel cancer Dx & Tx?>>	Personal History of Bowel Cancer <i>(Please state year of bowel cancer diagnosis & treatment)</i>
<<Details & Dates of previous Colonoscopies?>>	Previous colonoscopies <i>(Attaching all previous colonoscopy and histopathology reports is adequate) Otherwise please detail dates and findings here</i>
<<Family History of Bowel Cancer?>>	Family History of Bowel Cancer <i>(Age at diagnosis of bowel cancer of all family members)</i>

Allergies

<<Clinical Details:Allergies/Adverse Reactions>>

Medications

<<Clinical Details:Medication List>>

Medical History

<<Myocardial infarction?>>	Myocardial infarction* Myocardial infarction?>>	Year: <<Year of	<<Stroke?>>	Stroke Year:<<Year of Stroke?>>
<<Coronary artery stent(s)?>>	Coronary artery stent(s)* Coronary artery stent(s)?>>	Year:<<Year of	<<TIA?>>	TIA Year:<<Year of TIA?>>
<<Angina?>>	Angina* Maximal walking distance:<<Max walking distance for Angina?>>		<<Pulmonary embolism?>>	Pulmonary embolism Year:<<Year of pulmonary embolism>>
<<CCF?>>	CCF* Maximal walking distance:<<Max walking distance for CCF?>>		<<DVT?>>	DVT Year:<<Year of DVT?>>
<<COPD?>>	COPD* Maximal walking distance:<<Max walking distance for COPD?>>			Othe:<<Any other Medical History please note?>>

Referring Doctor: <<Doctor:Name>> **Signature:**
 Provider Number: <<Doctor:Provider Number>> Phone: <<Practice:Phone>> Fax:<<Practice:Fax>>

Please attach relevant correspondence: - Faecal occult blood test reports
 - All previous colonoscopy & histopathology reports
 - Latest UEC
 - Most recent specialist consultation letter*

Colonoscopy Referral for Positive Faecal Occult Blood Test

Forward referral form to RN Jenny Egan, via Argus (preferred), email: jenny.egan@health.nsw.gov.au

ADDITIONAL INFORMATION

Please include any further relevant clinical information here

<<Any further relevant Clinical information?>>