

Adult Open Access Endoscopy Service



Your patient's referral will be triaged, and booked with the next available specialist.

PATIENT DETAILS:

Name: _____ Address: _____

Phone: _____ Email: _____

D.O.B. _____ Medicare number: _____ Ref. ____ Expiry ____

☐ Self funding ☐ Private health insurance: fund details _____

SERVICE(S) REQUESTED:

☐ Consultation ☐ Gastroscopy ☐ Colonoscopy ☐ Iron infusion

INDICATION FOR REFERRAL:

☐ Positive FOBT ☐ PR bleeding ☐ Other: _____
☐ History of polyps or malignancy ☐ Altered bowel habit
☐ Family history of bowel cancer ☐ Dysphagia
☐ Cancer screening ☐ Iron deficiency + anaemia

Additional Clinical Notes: _____

IS THE PATIENT ELIGIBLE FOR OPEN ACCESS?: ☐ Yes ☐ No

If any of the below apply then the patient will require a consultation prior to a procedure

☐ Anticoagulation Therapy ☐ Diabetes on insulin
☐ Angina/Cardiac History ☐ Significant Respiratory Disease
☐ Pacemaker/defibrillator ☐ Impaired Renal Function (GFR <60ml/min)
☐ Artificial heart valve ☐ Active Cancer
☐ Advanced Liver disease ☐ Dual antiplatelet Therapy
☐ Atrial Fibrillation

REFERRING DOCTOR:

Name: _____ Address: _____

Phone: _____ Provider # _____

Signature: _____ Date: _____

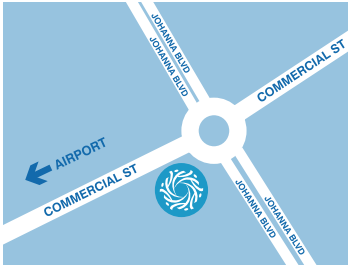
Electronic referrals can be sent via Medical Objects, fax 07 3833 6740
or email bookings@montserratt.com.au



Colonoscopy patients will need to attend a Preadmission appointment with a nurse in preparation for the procedure.

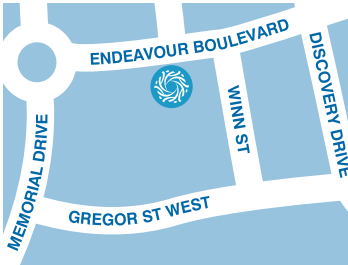
OUR LOCATIONS

Scan QR codes below for directions using Google Maps.



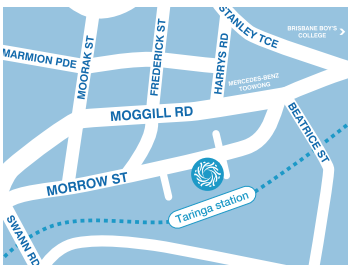
Bundaberg Private Day Hospital

51 Commercial St
Kensington Q 4670



North Lakes Day Hospital

7 Endeavour Blvd
North Lakes Q 4509



Westside Private Hospital

Level 1/32 Morrow St
Taringa Q 4068

Phone: 07 3833 6701 | **Fax:** 07 3833 6740

Email: bookings@montserrat.com.au

Web: www.montserrat.com.au

GP Hotline: 07 3833 6788