



- Dr Simon Zanati
- Dr Geeta Srivatsa
- Dr Dileep Mangira
- Dr Julian Schulberg
- Dr Timothy Papaluga

Examination Requested:

Gastroscopy Colonoscopy Consultation
 Other _____

URGENT Routine

Referring Doctor:

Provider No: **DATE:**

DOCTORS STAMP

Signature:

Patient Details:

Surname: _____

Mr / Mrs / Miss Given Names: _____

Date of Birth: _____

Address:

Postcode:

Best Contact Number:

CLINICAL NOTES:

Indication:

- Positive FOBT (input type="checkbox"/> NBCSP)
- Rectal bleeding
- Change in bowel habit
- Iron deficiency anaemia (include blood results)
- Abdominal pain
- Surveillance for polyps
- Family history of colorectal cancer
- Barretts Oesophagus
- Reflux / Heartburn
- Dysphagia
- Other:

MEDICATION:

- Antiplatelet
- Anticoagulant
- Diabetes Medication
- Weight loss medication
- Other:

RELEVANT MEDICAL HISTORY:

Allergies:

Weight: kg

Height: cm

GENERAL INSTRUCTIONS

- Please email this referral to info@keilorprivate.com.au OR fax to Keilor Private on 03 8340 6499.
- Your referral will be reviewed, and one of our staff will contact you and assist you to make an appointment for your procedure.
- A nurse will call you to discuss medication instructions and clarify your fasting and/or preparation instructions.
- Ensure you pick up your preparation kit at least 3 days before your appointment date.
- If you have any serious heart, lung, chest or kidney problems, are diabetic, taking warfarin or blood thinning medications, or injections for weight loss, please inform our staff on 03 8340 6400.

