

# REFERRAL FOR URGENT COLONOSCOPY

**FAX TO: 03-768 2795**

For further information contact surgical waiting list  
Grey Hospital Surgical Waiting List Ph: 03 768 0999 ext 2650

Referring Practitioner:

Referring Practitioner Signature:

Practice Name & Address:

Date of Referral:

Tel No: ..... Fax No: .....

## PATIENT DETAILS:

Name: .....

D.O.B. .... / .... / .....

Age: .....

Gender: M/F

Address: .....

NHI No: .....

Telephone No: Home: ..... Work: .....

## COLONOSCOPY TICK BOXES:

Does the patient have:

Tick Box

- Rectal bleeding\* with a change in bowel habit (persistent for 6 weeks).
- Change in bowel habit as above without rectal bleeding\* (persistent for 6 weeks)
- Rectal bleeding\* persistently without anal symptoms<sup>+</sup>.
- Abdominal mass (palpable or on CT)
- Iron deficiency anaemia (below 100 gms/l) with no other symptoms

Age

All ages

Over 60

Over 60

All ages

Over 60

<sup>+</sup> Anal symptoms include soreness, discomfort, itching, lumps and prolapse as well as pain.

\* Frank bleeding or positive faecal occult blood.

General Comments:

## ANAESTHETIC PRE ADMITTANCE INFORMATION to determine whether patient needs pre-anaesthetic assessment

Problem/Long term classification list (or please append computerised version).

Please comment on degree of impairment with cardiovascular or respiratory conditions.

Drug List and Dosages (or please append computerised version)

Allergies (including LATEX) (or please append computerised version)

How many flights of stairs can the person climb without getting out of breath? (please circle)

One flight

Two flights

Three flights or more

Please Circle

Does the person have a potential airways problem? (e.g. uvula can't be visualised through their open mouth; lack of neck flexion or extension; temporomandibular joint problem; burns/scars around the mouth)?

YES

NO

Is there a personal history or family history of problems with an anaesthetic, (muscular dystrophy, malignant hyperthermia) or diabetes?

YES

NO

Height .....Weight .....BMI .....

Does the patient wish to see an anaesthetist before coming to hospital? YES NO

Would the GP like this person seen? YES NO

**PLACE ANAESTHETIC INFORMATION  
LEAFLET STICKER HERE**

*Please put GP's name, not Anaesthetist's name,  
on sticker.*