



Patient Name: _____ Sex M/F: _____
 Date of Birth: _____ Phone: _____ Email: _____
 Residential Address: _____
 Medicare Number _____ Ref: _____
 Private health insurance Yes No Member Number _____
 Height (cm): _____ Weight (kg): _____ BMI (if known): _____

SURGEON: Mr DOURAID ABBAS

HOSPITAL PREFERENCE:

St John of God Ballarat	St Vincent Private Hospital Werribee	Public
Ballarat Day Procedure Centre	Geelong Day Surgery	
Hobson HealthCare-Werribee	Hobson HealthCare-Sydenham	

PLEASE PERFORM THE FOLLOWING INVESTIGATION:

Gastroscopy	Colonoscopy	Colonoscopy + Gastroscopy
Other		

INDICATION (PLEASE PROVIDE PATIENT HEALTH SUMMARY WITH THIS REFERRAL)

NBCSP POSITIVE	ABDOMINAL PAIN	WEIGHT LOSS
PER RECTAL BLEEDING	CONSTIPATION	BARRET'S
FAMILY HISTORY OF CRC	ALTERED BOWEL HABIT	DYSPHASIA
ANAEMIA	CHRONIC DIARRHOEA	EPIGASTRIC PAIN/REFLUX
OTHER INDICATION		FAECAL HAEMOGLOBIN TEST POSITIVE

MEDICAL HISTORY: DOES THE PATIENT HAVE ANY OF THE FOLLOWING CONDITIONS? *(Please tick)*

YES	NO	YES	NO

Allergies:

Other Medical History:

Previous Surgeries:

Medication:

REFERRING DOCTOR:

NAME: _____ Address: _____
 Provider number: _____ Date: _____ Signature: _____