

COLONOSCOPY REFERRAL

Fax to: 03 2147242

Name:

Referral date:

NHI:

GP:

DOB:

Patient Address:

If patients fit one of the categories below they may be suitable to be placed directly on the colonoscopy waiting list. **Please tick a non-shaded box**

INDICATION	PLEASE TICK ONE
Acute Lower gastrointestinal bleeding	
Continuous / unstable/ >4 units	
Stable/ requiring blood transfusion	
Stable / not requiring blood transfusion	
Chronic (>6wks) rectal bleeding	
Altered bowel habit + alarm symptoms (<i>weight loss, severe pain, anaemia</i>)	
Altered bowel habit (NO alarm symptoms)	
NO change in bowel habit and NO alarm symptoms	
Iron deficient anaemia (Hb < 11.0 g/dl in males; < 10.0g/dl in post menopausal females)	
NO leading GI symptoms	
Please supply following results:	Hb
	Ferritin
Diarrhoea / Suspected IBD	
For diagnosis	
For defining extent	
Abnormal Barium Enema	
Suspected cancer / large polyp (>2cm)	
Suspected polyp (<2cm)	
Change in Bowel Habit	
With alarm symptoms (<i>weight loss, severe pain, anaemia</i>) or >6wks	
Without alarm symptoms (or <6wks)	
Longstanding / suspected IBS or constipation	
Surveillance	
Personal history of colon polyp or cancer	
Family history– one 1st degree relative with colon cancer diagnosed under 55 years of age	
Family history– two 1st degree relatives on same side of family with colon cancer	
Ulcerative Colitis – 8- 10 years after onset	

Please tick:

- Patient fit for oral bowel preparation at home?
- Patient able to sign consent form?
- Warfarin or other anticoagulation?

Co-morbidities: (please specify)